Ministry of Health

Annual Report 1987/88

Honourable Peter A. Dueck
Minister of Health

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July 20, 1989

The Honourable David Lam
Lieutenant-Governor of the Province of British Columbia

May it please Your Honour:

The annual report of the Ministry of Health for 1987/88 is herewith respectfully submitted.

Peter A. Dueck
Minister of Health

Ministry of Health
Victoria, B.C.

July 20, 1989

The Honourable Peter A. Dueck
Minister of Health
Victoria, B.C.

Sir:

I have the honour of submitting the annual report of the Ministry of Health for 1987/88.

S.P. Dubas
Deputy Minister of Health

Minister of Health
Deputy Minister
Medical Services Commission
Emergency Health Service Commission
Medical Advisory Committee
Operational Review and Productivity
Executive Director Financial Services
Director Information Services
Director Executive Services
Executive Director Personnel
Forensic Psychiatric Services Commission
Management Committee
MANAGEMENT OPERATIONS
Assistant Deputy Minister Management Operations
Executive Director Medical Services Plan
Executive Director Policy, Planning and Legislation
Executive Director Ministry Support Services
Director Staff Development and Safety Programs
Executive Director Systems Division
Director Legal Services
PREVENTIVE
Assistant Deputy Minister Preventive Services
Provincial Health Officer
Executive Director Prevention and Promotion
Executive Director Vancouver Bureau
Executive Director Field Operations
Executive Director Epidemiology
COMMUNITY CARE
Assistant Deputy Minister Community Care Services
Executive Director Mental Health Services
Executive Director Alcohol and Drug Program
Director Vital Statistics
Executive Director Forensic Psychiatric Services
INSTITUTIONAL
Assistant Deputy Minister Institutional Services
Executive Director Hospital Programs
Executive Director Emergency Health Services
Executive Director Continuing Care

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Dentists Act
Forensic Psychiatry Act
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Hearing Aid Act
Heroin Treatment Act
Hospital Act
Hospital (Auxiliary Act)
Hospital District Act
Hospital Insurance Act
Hospitals Amalgamation Act
Human Tissue Gift Act
Marriage Act
Medical Practitioners Act
Medical Service Act
Medical Service Plan Act, 1981
Mental Health Act
Ministry of Health Act
Name Act
Naturopaths Act
Nurses (Licensed Practical) Act
Nurses (Registered Psychiatric) Act
Nurses (Registered) Act
Optometrists Act
Pharmacists Act
Physiotherapists Act
Podiatrists Act
Psychologists Act
Public Toilet Act
Tuberculosis Institution Act
Venereal Disease Act
Vital Statistics Act
Wills Act (Part 11)

Management Operations

Management Operations is responsible for providing support services to the programs of the ministry, and for corporate management of ministry affairs.

Ministry Support Services

Ministry Support Services is responsible for a range of support services to all segments of the ministry. These include health units, mental health centres, government hospitals and institutions, and a variety of health service agencies and societies.

Material Management Branch is responsible for ministry procurement, administration of all ministry warehousing and distribution services, operation of all industrial manufacturing and repair services, and bulk transportation services. It provides direct servicing of equipment and supplies for over 500 institutional clients including Ambulance Services, Preventive Services, Home Care Nursing, and Mental Health Programs.

The Space Planning and Facilities Management Branch is responsible for managing the ministry's annual budget for accommodation provided through the British Columbia Buildings Corporation. The branch is responsible for ensuring that the ministry receives the best possible value for occupancy funds provided for the housing of ministry personnel in a wide range of accommodation in more than 500 facilities dispersed throughout 159 communities across the province.

Management Services Branch is responsible for providing general support to facilitate the efficient delivery of health services to the public. Included are management engineering, forms management, vehicle fleet management, communications, printing, mail, records management, asset management, and the Speech and Hearing Technical Laboratory. There is active participation in the British Columbia Hearing Aid Program through the provision of specialty hardware, technical expertise and hearing aid supplies.

Significant accomplishments during 1987/88 include:

- completion of the AIDS Laboratory in the B. C. Centre for Disease Control;
- completion of a consolidated health centre in Vanderhoof as well as new emergency health services dispatch centres in Kamloops and Victoria;
- construction or significant renovation of 12 ambulance stations and 12 health centres;
- development and implementation of a computerized commitment and control system, which has been accepted for ministry-wide use;

- transfer from Ministry Support Services of 71 full-time positions to the newly formed British Columbia Mental Health Society;
- implementation of group purchasing of non-prescription items for long term care non-profit facilities;
- development of an asset management system for ministry-wide use; and
- completion of the assets inventory on behalf of Riverview Hospital to facilitate their transfer to the British Columbia Mental Health Society.

Financial Services

Financial Services is responsible for developing, implementing and operating the ministry's fiscal management and control systems. This is accomplished through the operation of three branches within the division.

Financial Policy and Audit Services

Financial Policy and Audit Services develops, implements and maintains financial policies and procedures in accordance with the requirements of the Ministry of Health and Treasury Board, and conducts audits and financial reviews to ensure compliance.

Accounting Operations

Accounting Operations is responsible for managing and safeguarding public funds and ensuring that efficient systems are in place for documenting and processing all ministry revenue and expenditure transactions. Additionally, Accounting Operations is responsible for the accounts payable and accounts receivable operations of the ministry, the operation of the ministry's payroll and leave management systems and the collection of revenue.

Financial Analysis, Planning and Budgets

Financial Analysis, Planning and Budgets is responsible for planning and coordinating development of the ministry's annual Estimates, the ongoing analysis and monitoring of current year financial results, the review and analysis of the financial aspects of submissions to Cabinet and Treasury Board, and for establishing and maintaining a ministry chart of accounts.

Legal Services

Legal Services provides professional legal advice to the ministry in all areas of law, particularly health and hospital law and related medical-legal concerns.

The lawyers in the branch are employed by the Ministry of the Attorney General.

Systems Division

The purpose of the Systems Division is to improve and maintain the quality of operational and management information available to the ministry and, where appropriate, to external contacts of the ministry. The division provides consulting services, systems analysis, systems maintenance and operational system support to all ministry programs.

In 1987/88, the ministry continued to introduce new operational systems and to refine existing systems. The ministry continued to focus on systems activities related to the improvement of monitoring and management information.

Major activities in the 1987/88 fiscal period included installation of a system to automate the clinical and laboratory activities of the British Columbia Centre for Disease Control; implementation of systems to support the activities of Riverview Society; significant enhancements to the Medical Services Plan claims payment systems, including the design of the Teleplan II System, which will permit on-line submission of practitioners claims; implementation of a decentralized data capture facility for the Treatment Information System of Alcohol and Drug programs, and extension of the Mental Health Client Registry System to additional field offices.

Human Resources Division

The division provides services and direction in the management of the ministry's human resources through headquarters offices in Victoria and regional offices located in seven communities throughout the province.

Human Resources also supplies leadership in the inter-ministry committees dealing with government personnel matters, and support in negotiations to establish payment levels for fee-for-service health care professionals operating under the Medical Services Plan.

In 1987/88, the division successfully adapted recruitment and selection processes to the new Public Service Act, making more than 1,100 appointments to the ministry, of which only one required a repanel. Also, a number of procedural improvements were made to assist in the recruitment of staff.

The specialist branches again were active in tasks outside of government: Labour Management as a member of the Health Labour Relations Association

and Continuing Care Employee Relations Association, and Classification Branch through a number of studies including the compensation of senior hospital management.

A major project was begun in partnership with the Systems Division to re-engineer the Employee Data System to make it fully accessible and responsive to the needs of managers throughout the ministry.

Operational Review Branch

This branch carries out independent operational reviews to evaluate and report on the economy, efficiency and effectiveness of ministry operations and management controls. Operational reviews provide assurances to the deputy minister and senior management that ministry operations are well run and identify those opportunities where improvements can be made.

The major objective of the operational review function is to provide a service to ministry management by identifying and assisting in the resolution of operational problems and deficiencies that adversely affect productivity and effectiveness.

Major projects successfully completed during 1987/88 included the development of a proposal for the organization of the community care facility licensing function, the development of financial policies, procedures and controls required to enable Riverview Hospital to operate under the administration of a society, and a review of psychiatric manpower in British Columbia.

Staff Development and Safety Programs

These programs continued active operation at ministry headquarters and Riverview Hospital and provided service to the regions.

The Human Resource Development Centre - Lower Mainland developed and delivered a wide range of clinical programs to meet the needs of ministry health care institutions.

Several new training initiatives were mounted during the year, including a new supervisory program, extended electronic data processing training, and a course in contract management and negotiating skills. There was also a major re-training project for re-assigned Medical Services Plan employees.

The focus of Safety Programs was province-wide, working with safety committees to prevent accidents and injury in the workplace; and with the Workers' Compensation Board to assist and rehabilitate injured workers. Development and delivery of the driver training program continued.

Policy, Planning and Legislation

The Policy, Planning and Legislation Division is responsible for health economic analysis, health manpower and corporate planning, policy recommendations for ministerial, inter-ministerial and inter-governmental decisions, co-ordination of legislation, and research and evaluation in support of ministry programs.

The Policy Branch prepared materials for the deputy minister and the minister for provincial and federal conferences, developed cabinet submissions, and supported the ministry executive and the ministry as a whole with a wide range of reports and information. A number of policy and position papers were prepared throughout the year on current issues, including the ongoing development and planning of medical manpower resources within the province.

The legislation section of the Policy Branch co-ordinates the annual legislative program for the ministry. During the year, major amendments were made to two statutes and miscellaneous amendments were made to an additional 16 statutes. Considerable preparatory work was done for legislation to be introduced during the following year. Amendments to all regulations and rules, and drafting of orders-in-council, other than for appointments to hospital boards, were co-ordinated by the legislation section.

The Health Economics and Planning Branch conducted a number of projects relating to the utilization and funding of health care. A health planning data base pilot project was completed, including a strategy for future development. Corporate planning in the ministry was supported through updated environmental assessments, the development of internal strategy papers, and continued progress in determining and developing ministry-wide planning information.

The branch also funded the Health Manpower Research Unit of the University of British Columbia, and staff served on the Health Manpower Working Group, which reports to the Deputy Minister of Health, and includes representatives from the Ministries of Advanced Education and Job Training, and Finance and Corporate Relations. This group gathers and evaluates relevant data on health manpower, and facilitates appropriate manpower studies so that the ministry can co-ordinate its present and future needs with other ministries. The biennial publication ROLLCALL 87, which presents an inventory of the numbers, distribution and characteristics of various health professional groups, was completed. Also completed was a nurse manpower study.

The Research and Evaluation Branch performed research projects, scientific literature reviews, surveys, program evaluations, economic studies, and research consultations for the ministry. A survey of alcohol and substance

abuse, among a sample of 14,712 adolescents in B.C. schools, was completed and reported. Provincial data from the federal health promotion survey were analyzed and reported. A hypothetical economic evaluation as well as an efficacy study of digital diagnostic imaging were completed; $67,000 was obtained from the National Health Research and Development Program (NHRDP) to compare images of fractured wrists with both technologies. Economic study of the lithotripter continued.

Information Services

The Information Services Branch is responsible for developing and implementing the ministry's public information and communications programs.

The branch co-ordinates media relations for the ministry; prepares news releases, speeches and other editorial material; and co-ordinates the production of publications, displays and audio-visual materials that encourage British Columbians to lead healthy and productive lifestyles and which explain the ministry's many programs and services.

During 1987/88, the Information Service Branch was charged with the responsibility of co-ordinating a comprehensive multi-media information and education campaign on government initiatives to strengthen the family. This campaign included a series of television, radio and print information spots, production of an educational video, point-of-purchase display materials, transit advertising and a comprehensive range of support print materials.

The Strenthening the Family initiative also required the branch to work closely with a number of professional associations, interest groups and the B.C. Council for the Family in developing required materials.

The branch also worked co-operatively with the Health Education Branch on a number of public health-related programs and issues, including a major AIDS information campaign, which was launched province-wide in September. The campaign included television, newspaper and radio advertising and a direct mail campaign to every household in the province.

The AIDS campaign also included specialized information for those in occupations where they are required to assist accident victims; an AIDS in the Workplace program; and the development of ethnic language versions of the AIDS educational video. An evaluation of these latter accomplishments was also initiated.

Key public issues managed by the branch during the year included the federal court ruling on abortion, hospital funding issues, the rising costs of health care, infant heart transplantation and medical ethical issues.

During the year, a staffing and organizational review of the Information Services Branch was undertaken. This resulted in the transfer of the ministry library services to the Support Services Division and a proposed new organizational structure for 1988/89.

The branch managed 185 communication programs, prepared 119 speeches and speaking notes for the minister's office and senior management, and wrote 116 news releases.

Medical Services Plan

On July 1, 1968 British Columbia created a universal Medical Services Plan through passage of the Medical Services Act. Under that Act the Medical Services Commission is responsible to the Minister of Health for the administration of the Plan. The Medical Services Plan provides payments for medically required services provided by physicians and surgeons, and for dental surgery when necessarily performed in hospital by a dental surgeon. The federal government contributes to the cost of this basic coverage. At its own expense, the Government of British Columbia has added extra health benefits, including chiropractic, podiatry, optometry, physiotherapy, massage therapy and naturopathic medicine.

Administration of the Plan includes the following basic functions:

- registration of subscribers;
- collection of premiums, either directly or through employers, unions or pension plans;
- provision of premium assistance for low-income subscribers;
- payment of claims for services rendered to subscribers by enrolled practitioners, either on a fee-for-service, salaried or sessional basis; and
- monitoring of the volume of services provided and used, to ensure prudent usage of the Plan.

The Medical Services Plan is funded through subscriber premiums, provincial taxation and federal government contributions. In 1987/88, premiums covered approximately 41% of the total cost of the Plan.

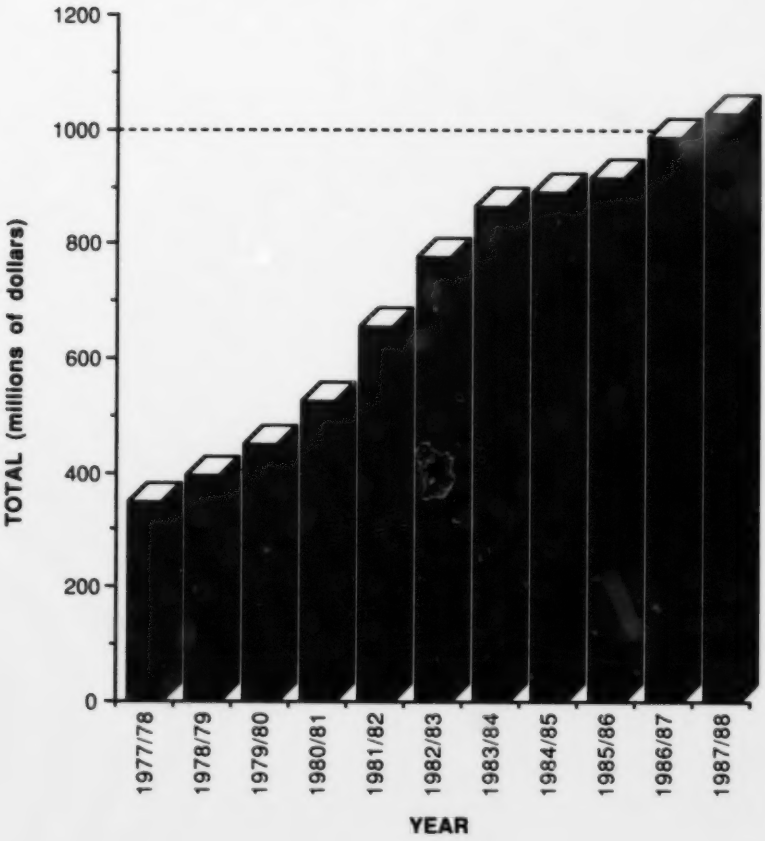
Statistical Highlights

The total expenditure for the Medical Services Plan for 1987/88 was $1,001,789,371, an increase of slightly more than four per cent over 1986/87 levels. The largest portion of this expenditure, fee-for-service payments to medical practitioners, was $884,925,170, an increase of five per cent over 1986/87 levels. Similarly, salaried and sessional payments to medical practitioners increased by 5.9 per cent to $49,414,596. Payments for dental surgery in hospitals increased by 12.3 per cent to $4,922,377. Administrative costs increased by 1.9 per cent to $24,364,675, and payments to supplementary practitioners decreased by 8.8 per cent to $59,627,228. The decline in supplementary benefits was primarily due to the implementation on July 1, 1987 of a five dollar patient visit charge which reduced the cost of these services to the Medical Services Plan.

There were 5,989 physicians claiming payment from the Medical Services Plan in 1987/88, an increase of 2.8 per cent over 1986/87. Similarly, there were 1,703 supplementary benefit practitioners in 1987/88, an increase of 6.5 per cent over 1986/87.

Medical Services Commission
Summary of Expenditures – 1977/78 to 1987/88

See Table 1 in Appendix for detailed breakdown

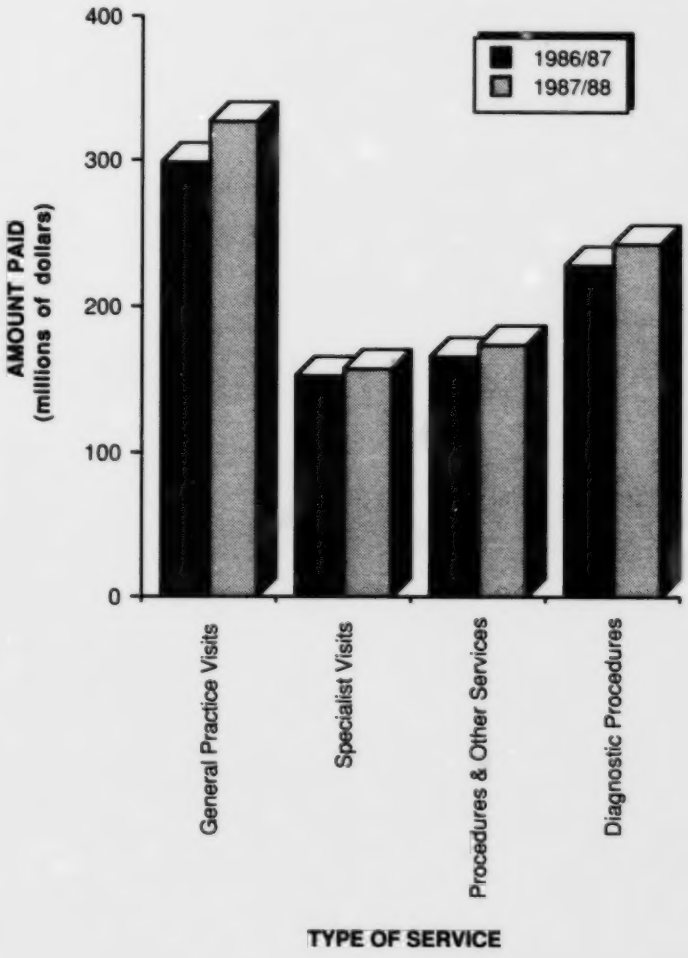


Fee-for-Service Payments:
Medical Practitioners and Dental Surgery in Hospital
Distribution of Fee-for-Service Payments for Medical Services

See Table 2 in Appendix

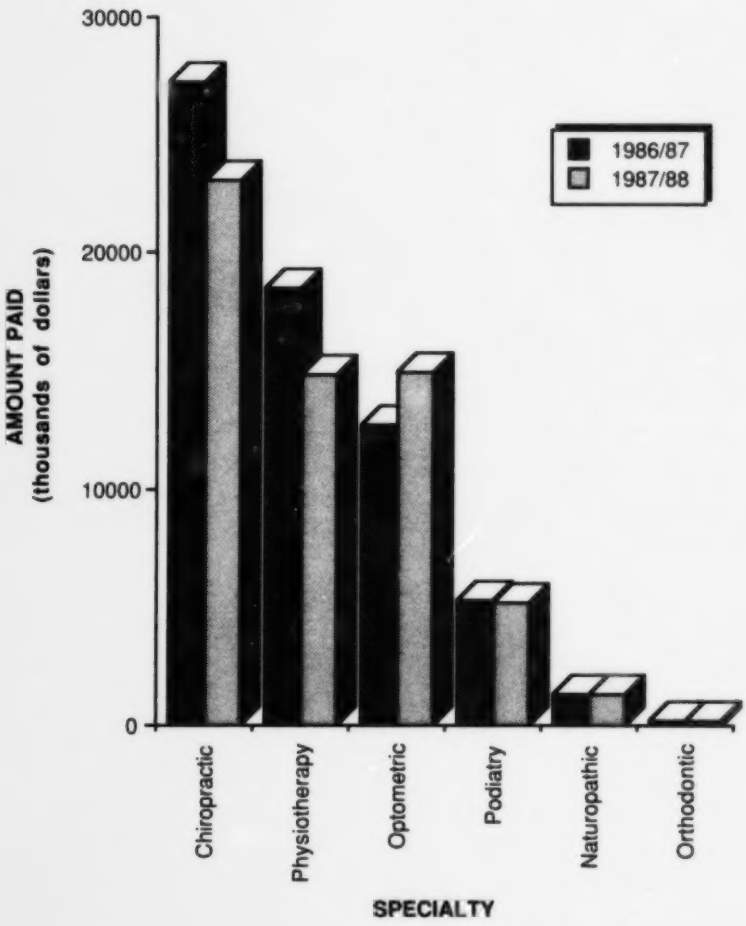
Distribution of Medical Fee-for-Service Payments by Type of Service

See Table 3 in Appendix for detailed breakdown



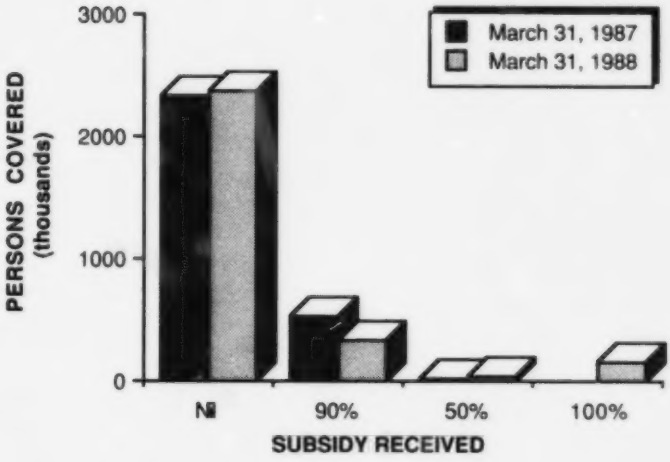
Distribution of Fee-for-Service Payments for Insured Service, Supplementary Benefits

See Table 4 in Appendix for detailed breakdown



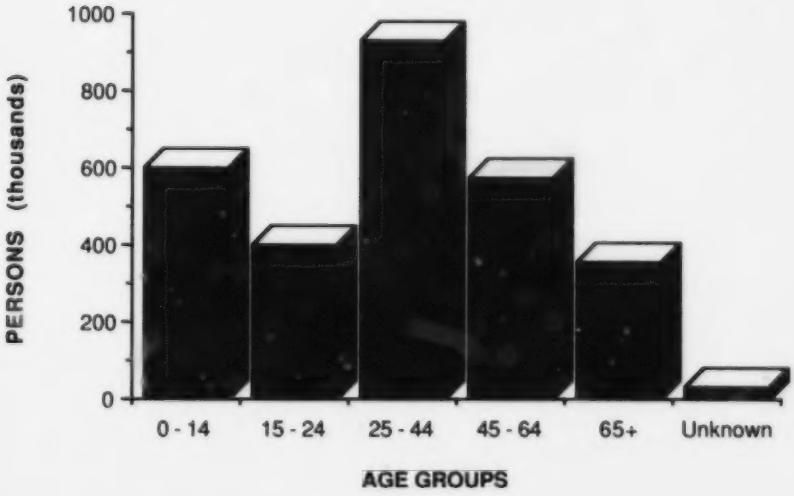
Registrations and Persons Covered by Premium Subsidy Level

See Table 5 in Appendix for detailed breakdown



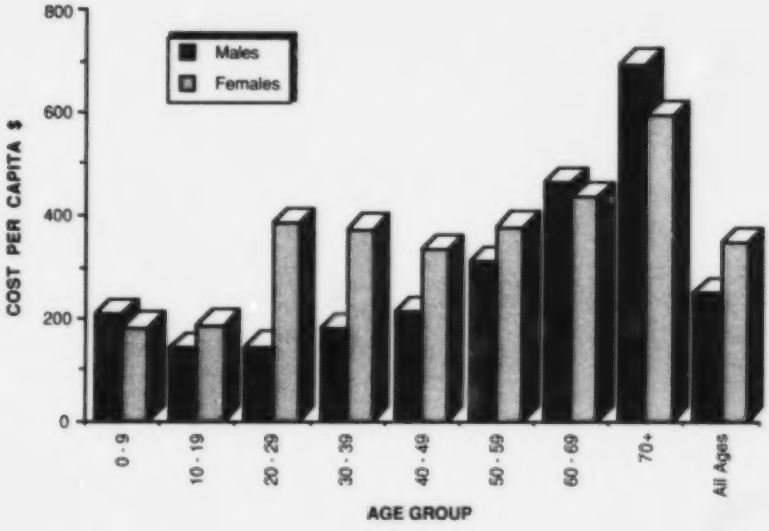
Persons Covered by Premium Subsidy by Age Group at March 31, 1988

See Table 6 in Appendix for detailed breakdown



Medical Services Utilization in British Columbia, 1987/88 by Age and by Sex of Patient

See Table 7 in Appendix for detailed breakdown



Non-postgraduate "Directory Active" Male Physicians in British Columbia by RCPSC Specialty by Age

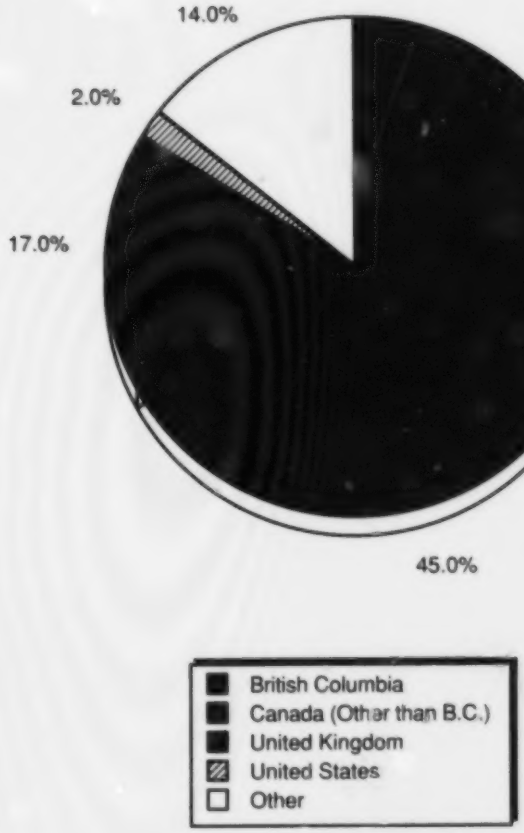
See Table 8 in Appendix

Non-postgraduate "Directory Active" Female Physicians in British Columbia by RCPSC Specialty by Age

See Table 9 in Appendix

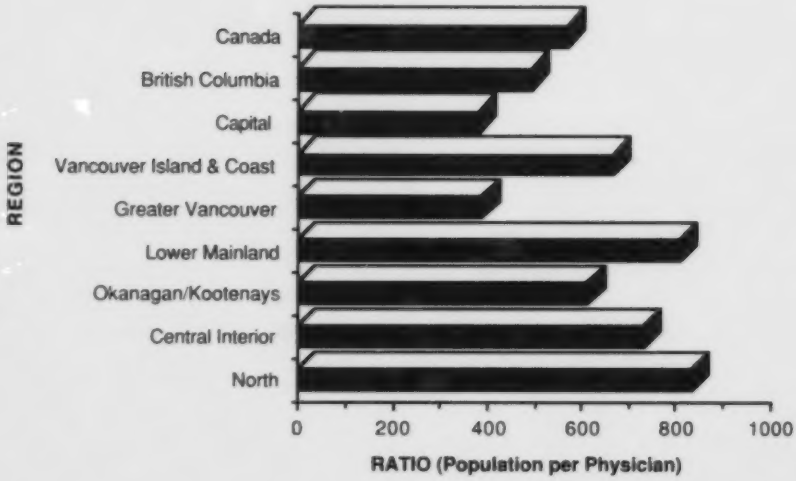
Non-postgraduate "Directory Active" Physicians in British Columbia by Place of Graduation

See Table 10 in Appendix for detailed breakdown



Population per Non-postgraduate Directory Active Physician in British Columbia by Region 1987/88

See Table 11 in Appendix for detailed breakdown



Medical Services Cost Per Capita in British Columbia 1987/88 by Type of Practice and Sex of Patient

See Table 12 in Appendix

Preventive Services

Preventive Services is the Ministry of Health's program dedicated to promoting positive lifestyle and health care practices that will help to eliminate or minimize illness and disease. Preventive Services accomplishes this goal by conducting immunization programs, health inspection, health promotion and education, health screening, contact tracing and investigations as required by the Health Act, Community Care Facilities Licensing Act, and other related legislation.

The major health problems today are the chronic diseases of middle and later-age, heart disease, stroke and cancer - all of which are greatly influenced by the environment and lifestyle choices of the individual. It is the responsibility of the staff of Preventive Services to identify problems and then devise and deliver effective programs to promote and enable maintenance of, or improvement in, health status and to encourage the avoidance of health risks.

Preventive programs are developed and administered in Victoria by senior staff and divisional consultants including the assistant deputy minister, executive directors and the provincial health officer. Direct service is delivered through 16 provincially operated health units; municipal and regional health units in Vancouver, North Shore (North and West Vancouver), Richmond, Burnaby, New Westminster and the Capital Regional District; and the British Columbia Centre for Disease Control(Vancouver).

Professionals in the field include public health nurses, public health inspectors, nutritionists, dental hygienists, speech and hearing professionals and medical health officers.

Professionals at the British Columbia Centre for Disease Control include provincial laboratory professionals, pharmacists, sexually transmitted disease control nurses and medical practitioners, tuberculosis control nurses and physicians, kidney dialysis nurses, radiation inspectors, and government medical doctors and nurses.

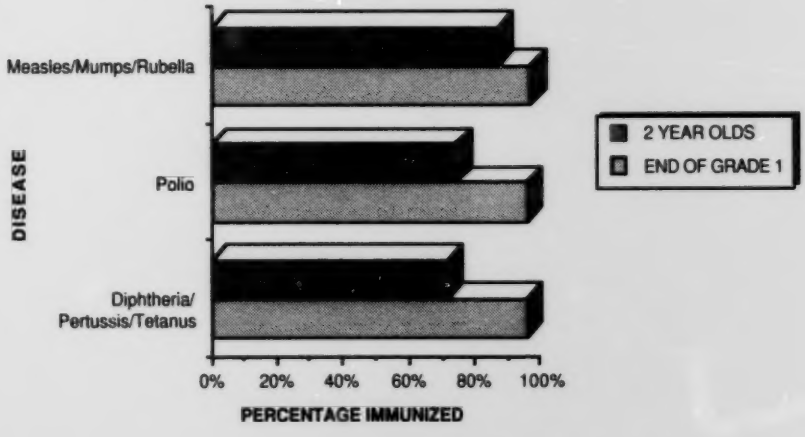
Some of the highlights of 1987/88 include:

- implementation of the joint Ministries of Health and Education speech pathology pilot project, which will provide improved preschool speech pathology services to 10 communities in British Columbia;
- adult dental health survey: in conjunction with the College of Dental Surgeons of B.C. and the Faculty of Dentistry at U.B.C., the dental branch completed the largest dental survey of adults in Canada. This has enabled us to forecast dental health levels and needs in a way that no other jurisdiction has been able to do;
- distribution to secondary schools, public libraries, and over 500 video stores of "AIDS, the New Epidemic";

- mailing of AIDS pamphlets to 1.2 million households;
- production of "AIDS in the Workplace", an information package for management and employees;
- development, with the Ministry of Education, of a comprehensive family life education program, which was introduced into Grades 7 through 12 in September of 1987;
- development of a public awareness program to strengthen families in British Columbia. The areas addressed through this program included: information on birth control and pregnancy support services; information on marriage preparation; and the associate family program for the placement of handicapped children;
- the ministry's smoke-free policy, which was implemented in January 1988. This policy provides a positive role model for dealing with smoking in the workplace; and
- an award of excellence from the Canadian Dietetic Association for Nutrition and Food Service Standards in Adult Care Facilities, produced by the Nutrition Branch.

Public Health Nursing Immunization Program 1987/88

See Tables 13 and 14 in Appendix for detailed breakdown



Program Management

Program Management involves program development, monitoring and evaluation of the activities of Public Health Nursing, Public Health Inspection, Nutrition, Dental Health, Speech and Hearing, Health Education, Fitness and Vision. This function involves the assistant deputy minister, provincial health officer, executive director and staff of Prevention and Promotion, and the Epidemiology Branch. These officials provide the necessary administrative coordination and clinical expertise to deliver effective preventive health programs.

The directors and consultants of Public Health Nursing, Public Health Inspection, Nutrition, Dental Health and Speech and Hearing develop, co-ordinate, and evaluate programs delivered by staff in these professions who operate out of local health units (as detailed in the Field Operations section).

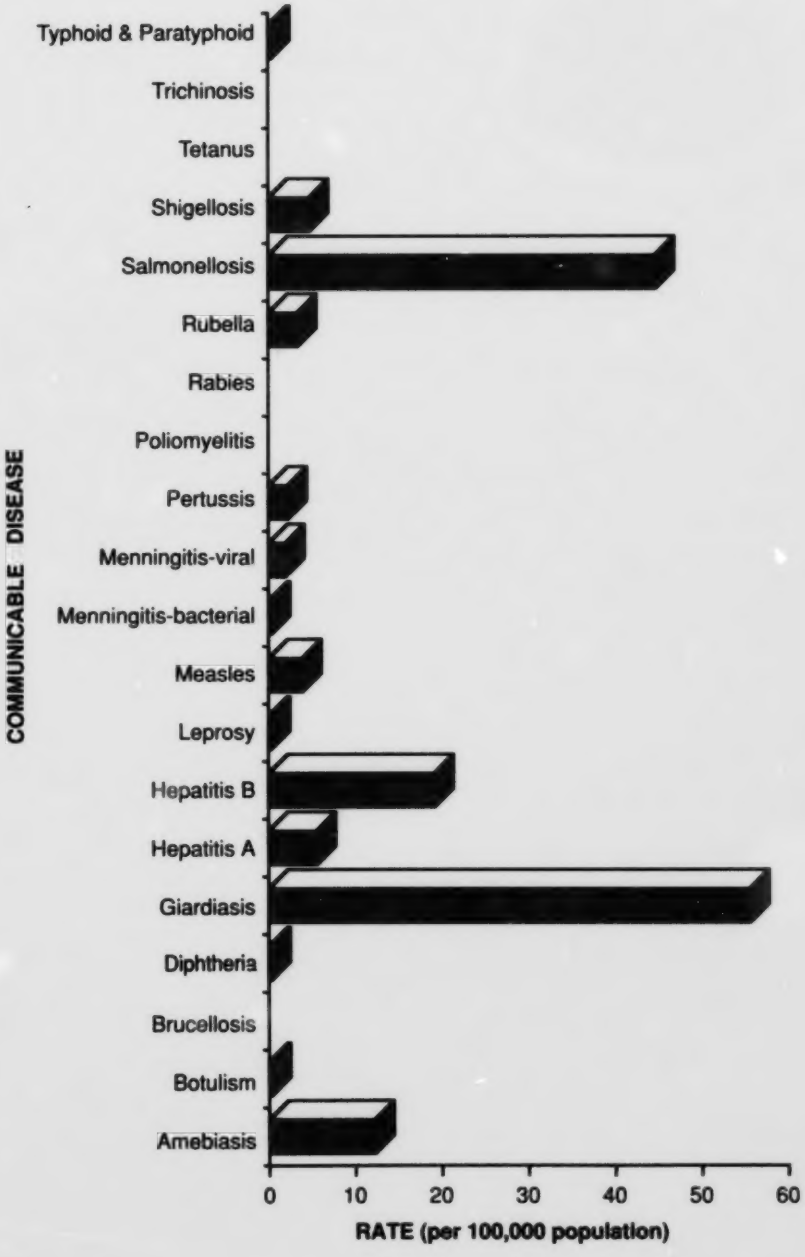
The remaining areas of Epidemiology, Health Promotion, Fitness, and Vision deliver their programs through Public Health Nursing and Nutrition field staff, and through community agencies and volunteers.

Epidemiology

Epidemiology continues its responsibility to review, analyze and report on the occurrence and distribution of disease with its emphasis being placed on chronic disease and lifestyle risks to health. Staff in this unit provide consultation services on research and statistics in disease prevention and health promotion and, every four weeks, compile Disease Surveillance, a publication that contains reports on current health topics and on the incidence of communicable disease.

Reported Communicable Diseases, British Columbia, 1987

See Table 15 in Appendix for detailed breakdown



Health Education

Health Education develops educational resources and intervention strategies targeted to individuals and populations who are at risk.

Using modern communications strategies, credible health information is provided for individuals and groups to enable them to adopt lifestyles that reflect positive health behaviors.

Fitness

The Fitness Branch promotes physical activity and other healthy lifestyles through a wellness approach. The Fitness Branch combines fitness and other key dimensions of wellness in programs that promote self care, provide social support and mutual aid and develop environments that support positive health practices. Fitness Branch programs focus on providing support at both the individual and community level so that personal efforts to accept increased responsibility for health are supported through the family, school, workplace and community at large.

Current program activities are community based and focus on seniors, employees susceptible to back injury, perinatal groups, sedentary employee groups, and the pre-retirement population. Specific professional and volunteer groups involved with leadership activities include: public health nurses, coordinators of pre-retirement seminars, directors of staff education in hospitals, nutritionists, community physiotherapists, teachers, and fitness leaders.

Activities of the Fitness Branch are fully integrated with the activities of other branches of the Ministry of Health to provide a comprehensive approach to health promotion and disease prevention.

Vision Services

Emphasis is placed on early detection and treatment of vision problems. Program priorities include vision screening services for school aged children. Uncorrected refractive errors, amblyopia and strabismus can lead to permanent loss of vision in the affected eye if not detected and treated, preferably by age six. These abnormalities occur in approximately 4.5 per cent of this age group.

Vision screening is conducted in the health units by public health nurses, nursing students, health unit aides and volunteers.

Field Operations

Field Operations involves the direct service delivery of Preventive Services in all provincially operated health units; responsibility for the delivery of programs developed by Program Management staff and reporting on the quantity and quality of programs delivered.

Field Administration

Senior clinical and administrative staff co-ordinate the delivery of all field programs. Included in this activity are the managers, the medical health and administrative officers and all the field clerical support staff.

Public Health Nursing

Public Health Nursing fosters provision of nursing services on a family-centred basis for individuals, families and communities at home, at school, in public health centres and in other community-based locations. Primary objectives of all programs are the promotion of wellness and good health practices through individual, family and community responsibility.

Counselling on healthy lifestyles includes fitness, nutrition and stress management, while public health nurses promote positive parenting practices and provide service to families with special needs. Protection against diseases preventable by vaccination is achieved through immunization clinics held throughout the province.

An increasing portion of the public health nurse's time is spent on inspecting community care facilities to ensure that an acceptable standard of care is in place for the health, safety and well-being of children and adults in licensed care facilities. The investigation of complaints, in particular of reports of alleged child abuse in community care facilities, is also undertaken by public health nurses.

Public Health Inspection

Public health inspectors are responsible for identifying unhealthy environmental conditions or practices in the community. Where necessary, prevention strategies are developed and corrective action is indicated.

Regular inspections of all public places are conducted. These visits are aimed at preventing the spread of disease and correcting identified health hazards through instruction, and where necessary, enforcement procedures.

Public health inspectors also investigate environment-related communicable diseases to determine their cause and prevent continuing or

future occurrences. The diseases of concern include zoonotic and vector borne illnesses and those diseases transmitted through food, water and air.

An immediate response to disasters and emergencies affecting public health is also a responsibility of the public health inspector.

Nutrition

Improving the nutritional status of British Columbia residents and preventing disease is the goal of nutritionists in provincial health units. Early intervention is emphasized through education programs dealing with prenatal, infant and preschool nutrition. Programs for the school-age child stress nutritional education in schools, improving the nutritional value of foods available in schools and the promotion of school food gardens. Educational materials on nutrition and eating skills for handicapped people are available for parents and caregivers.

Adult nutrition programs focus on the worksite, and on restaurants, grocery stores and fitness centres. Nutritionists use local radio, T.V., and newspapers extensively in their health promotion programs. Nutrition and food service standards for adult care facilites are being promoted throughout the province.

Dental Health

The Dental Health Branch focuses on the prevention of oral disease through responsible individual behavior, including the promotion of lifetime preventive home-care skills, the encouragement of regular visits to the family dentist, the use of community and self-applied fluorides, and good nutritional habits.

Through the Dental Extern service, the branch also helps provide dental treatment in areas that have no dentist. Preventive and treatment services are also organized in cooperation with the College of Dental Surgeons of British Columbia for the handicapped, the elderly and those confined to institutions.

Service is provided by regional teams composed of supervising dental hygienists, staff dental hygienists and dental assistants. School programs are the main focus so that opportunities provided by the classroom may be used to motivate young people in the prevention and control of dental diseases. Children's teeth are checked and referrals are made to parents if the need for treatment is evident. The system is also used to monitor the dental health of children at specific grade levels.

Speech and Hearing

The goal of speech-language pathologists, audiologists, and audiometric technicians in the community health units is to eliminate or measurably reduce the effects of communication disorders related to speech, language and hearing impairments.

With a continued emphasis on preschool-aged children and the prevention of long term problems, speech-language pathologists provided speech services including assessment, treatment, and parent education.

Priority audiologic services include the screening of school children, for hearing and infant high risk hearing register screenings together with provision of follow up services.

The branch also operates the British Columbia Hearing Aid Program to provide hearing devices to all areas of the province (outside of parts of the Lower Mainland and Victoria) at a competitive price.

British Columbia Centre for Disease Control

The British Columbia Centre for Disease Control (BCCDC) consists of a variety of services located in the Vancouver area. These include public health laboratories, Sexually Transmitted Disease Control, Tuberculosis Control, Government Employee Health Services, Medical Supply Services (Kidney Dialysis Service), and Radiation Protection Services. The headquarters and central service facilities in Vancouver include registries for venereal disease, tuberculosis, and kidney dialysis service.

Provincial Laboratories

The provincial public health laboratories provide routine reference, referral and consultative services for the investigation, diagnosis, treatment and control of communicable diseases and for amelioration of environmental problems. The main laboratory is in Vancouver, with branches in Nelson and Victoria. The branch service in Victoria is provided by the laboratory in the Royal Jubilee Hospital under grant funding from the main laboratory, while the service in Nelson is provided under contract with the Kootenay Lake District Hospital.

Services include medical advice and laboratory tests for diseases caused by bacteria, fungi, parasites, viruses and other communicable agents, and related immunology, serology and environmental microbiology. Services are available to registered physicians, hospitals, health units and health related agencies at all levels of government.

Sexually Transmitted Disease Control

The Sexually Transmitted Disease Control Branch is responsible for controlling the spread of sexually transmitted diseases throughout the province. This program consists of three major phases: (1) training, updating and consultation are provided to public health nurses, who are responsible for sexually transmitted disease control on a regional basis; (2) treatment for sexually transmitted disease is provided through physicians, health units and clinics, and (3) a central clinic for treatment, reference and referral is operated at the centre's Vancouver office.

Tuberculosis Control

The Tuberculosis Control Branch directs all phases of tuberculosis prevention and treatment in British Columbia. As well as providing various levels of outpatient care, the branch offers consultative services to private physicians, various agencies and the public, and advises health units regarding

contact tracing of active cases, supervision of cases under treatment, preventive measures, and screening and surveillance. The branch also coordinates interventions with other provinces and is contracted with Health and Welfare Canada to control tuberculosis among native Indians.

Medical Supply Service (Kidney Dialysis Service)

The Medical Supply Service supports the medical needs of patients receiving specialized home maintenance care. The service's core operation is kidney dialysis in which all home dialysis procedures are supported (i.e., hemodialysis, CAPD, peritoneal cycler). In addition, medical and nutritional supplies are coordinated to address hemophilia and paritoneal and enteral nutrition. These services are conducted in close cooperation with the patient's originating hospital and with quality assurance and provincial advisory committees.

Government Employee Health Services

Government Employee Health Services is responsible for occupational health service to employees of the provincial government, B.C. Ferry Corporation, B.C. Buildings Corporation, and the Emergency Health Services Commission. The focus of activity is to promote good health and safe working practices, to ensure that employees are able to perform their assigned tasks safely, and to assist in assessment, rehabilitation, and monitoring of ill or injured employees. The branch works closely with senior management of ministries and crown corporations as well as with the federal government, Worker's Compensation Board, practicing physicians, and many other health care agencies.

Radiation Protection Services

The Radiation Protection Services Branch is the government's authoritative point of reference concerning radiation hazards that may affect the public and workers in British Columbia. The staff conduct inspections of medical, industrial, and research x-ray devices, as well as lasers, ultraviolet, microwave, and radio frequency systems. The branch's laboratory performs analyses for the assessment of man-made and natural radiation hazards in the environment.

B.C. Centre for Disease Control
Program Delivery Statistics, 1986/87 and 1987/88

See Table 16 in Appendix

Community Care Services

During 1987/88, Community Care Services comprised five program areas: Alcohol and Drug Programs, Forensic Psychiatric Services, Mental Health Services, Division of Vital Statistics and Services to the Handicapped. Under the direction of the assistant deputy minister, the mandate of Community Care Services is to manage, develop and administer efficient and effective programs within these areas, and in cooperation with other health and service providers.

Alcohol and Drug Programs

Alcohol and Drug Programs is responsible for planning, funding and coordinating treatment and prevention programs related to the abuse of alcohol and other drugs.

The executive consists of the executive director, a medical advisor, five regional managers, the director of Program Development and Prevention and the director of Support Services.

The province is divided into five regions: Region I – Lower Mainland; Region II – Fraser Valley; Region III – South/Central British Columbia; Region IV – Northern British Columbia; and, Region V – Vancouver Island and the West Coast.

During this fiscal period, Alcohol and Drug Programs continued its commitment to provide prevention and treatment programs which are responsive to community needs. By direct service, or by contractual arrangement, Alcohol and Drug Programs operated eight detoxification facilities, nine residential facilities, ten supportive recovery homes, and fifty eight outpatient counselling centres.

The Support Services Division includes financial and staffing administration, evaluation and data systems.

The Program Development and Prevention Division includes programming consultation on prevention and treatment issues, particularly for women, youth, seniors, native people and employee assistance programs. As well, media campaigns, library, audio-visual and public information materials are developed and distributed.

Public utilization of treatment services continued to remain high. In 1987/88, 29,362 admissions were recorded. An estimated 120,000 persons in the province were considered unable to control their use of alcohol and drugs. Approximately one-fifth of this group utilized services provided by Alcohol and Drug Programs.

Alternate, joint funding, and cost-effective means of service delivery continued to be explored. Federal-provincial cost sharing recoveries to the province were estimated to be $ 9.2 million. Program initiatives in 1987/88 include major evaluation reviews designed to improve program efficiency and effectiveness; increased funding to outpatient counselling services for youth and the opening of Peardonville House, a residential treatment center for women.

The first province-wide adolescent drug use survey was completed and released during Drug Awareness Week which also saw the development of a new youth video "We'll Go Our Own Way" with ADP funding.

Alcohol and Drug Programs, in cooperation with the federal government, as part of the National Drug Strategy, planned and conducted two "Training of Trainer" workshops in Addiction Counselling Training and Prevention. ADP staff had significant involvement in two public reports "Alcohol and Drugs in The Workplace" and "A Liquor Policy For British Columbians".

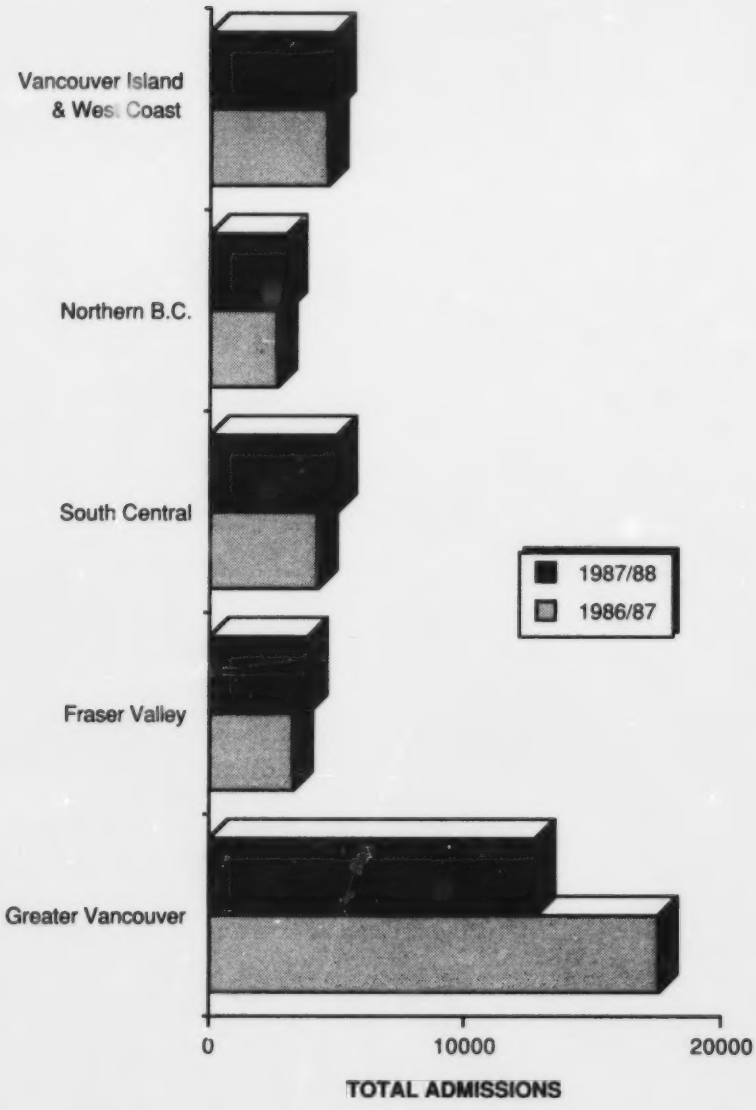
Alcohol and Drug Programs had extensive involvement in the planning, organizing and presenting of 'Awareness 87', a conference on Employee Assistance Programs, provided much of the support and initiative to the development of the Seniors Peer Counselling network including the first conference and the evaluation of the training manuals. A survey of native utilization of ADP services was completed as well as a women's issues paper. ADP took the lead in organizing the first provincial conference on impaired driving, 'Choices 88'. ADP and the Kaiser Substance Abuse Foundation cooperatively developed and produced the Directory of Substance Abuse Services in British Columbia.

Alcohol and Drug Programs participated with the Kaiser Substance Abuse Foundation, several other ministries, school boards and numerous interested organizations in 'Potential 88', the first provincial conference on substance abuse prevention for youth.

Innovative programming included numerous community education programs; groups for the adult children of alcoholics; and adaptation of programs to meet changing health concerns such as those arising from AIDS and changing drug use patterns.

Alcohol and Drug Progams
Utilizations Statistics, Admissions by Region

See Table 17 in Appendix for detailed breakdown



Forensic Psychiatric Services Commission

The Commission was established by an act of the legislature in 1974 to provide psychiatric and psychological services to mentally disordered individuals who are in conflict with the law.

The Commission consists of not fewer than five members, appointed by the lieutenant-governor in council, and is administered by an executive director.

Under the Forensic Psychiatry Act (1982), the mandate of the Commission is to provide assessment for "fitness to stand trial" of individuals remanded by the court. Treatment is provided for those found to be "unfit to stand trial" and "not guilty by reason of insanity." Treatment is also provided for individuals who become mentally ill while in custody of a provincial corrections facility. The Commission is responsible for the development of research programs and provision of pre-sentence assessments and treatment recommendations to the courts.

Services are provided through Adult Services, Juvenile Services to the Court, and the Maples Adolescent Treatment Centre.

Adult Services provides assessment and treatment services on an inpatient basis at the Forensic Psychiatric Institute, a secure 120-bed facility located in Port Coquitlam, and on an outpatient basis at permanent clinics in Vancouver and Victoria. Travelling clinics make monthly visits to Prince George and Kamloops.

Juvenile Services to the Courts provides assessment services requested under the Young Offenders Act on an inpatient basis in Burnaby. Assessment and treatment services are provided on an outpatient basis through clinics in Burnaby and Victoria. Travelling clinics visit Prince George, Kamloops and Campbell River.

The Maples Adolescent Treatment Centre in Burnaby is a designated mental health facility, which provides secure and residential treatment for psychiatrically ill adolescents. Educational programs are provided on-site by the Burnaby school board in cooperation with the Ministry of Education. Admittance is made pursuant to the Mental Health Act or the Young Offenders Act. Referrals are accepted from ministries of the provincial government and professionals in medical and mental health services. Young persons found "unfit to stand trial" or "not guilty by reason of insanity" are also referred to the Maples for treatment. Program Support Services provides management support services for the executive director and program directors. This involves research and evaluation to assist in policy and program development, information systems development, program evaluation, clinical research, and financial management support.

During 1987/88 the demand for assessment and treatment services for adults and young persons continued to rise. In response to this continued pressure, Forensic Psychiatric Services has been working toward establishing permanent outpatient clinics in Prince George and Kamloops. These clinics will improve services in areas of heavy demand and will increase the regionalization of services.

Forensic Psychiatric Services Utilization Statistics

See Table 18 in Appendix

Mental Health Services

The Mental Health Services Division is responsible for ensuring that the mental health system in British Columbia provides efficient and effective care to British Columbia residents with mental disorders, regardless of their socio-economic status or where they live. This task is accomplished through direct service delivery and by the overall co-ordination of the mental health system, including services delivered by other divisions, ministries and private and voluntary agencies.

Services to the three demographic groups (children, adults, and the elderly) are delivered through a broad range of services including outpatient assessment, treatment and education, acute care, rehabilitation and community residential facilities. These services are delivered by multi-disciplinary professional teams at Riverview Hospital, Burnaby Psychiatric Services, and 36 mental health centres and 20 suboffices located throughout the province. In addition, the division provides a major operating grant to the Greater Vancouver Mental Health Service Society.

Mental health programs are organized to achieve service objectives in four primary areas:

- Rehabilitation

  Mental health services are organized to help individuals with persistent or serious mental disorders to achieve as high a level of adjustment as possible following acute or active treatment intervention.

- Treatment of Mental Illness

  Programs are organized to provide early identification and prompt adequate treatment of mental problems in order to prevent subsequent deterioration and limit disabilities. Clinical services are intended to protect life, control aberrant behaviour, reduce and control symptoms, restore previous levels of functioning, and ensure that basic health, nutrition, hygiene, safety and housing needs are met.

- Promotion and Mental Health

  A philosophy of health, which emphasizes individual responsibility for applying knowledge, behaviors, and techniques to promote and maintain physical, social and mental health, is promoted.

- Prevention of Mental Illness

  Health education activities and consultation are directed at identifying social, personal and behavioral factors that contribute to the incidence of mental disorders and to the duration and relapse of mental illness.

Service priorities are developed and established through needs assessments involving ministry staff, collaborating outside professionals and community agencies. The ultimate goal is to develop a comprehensive care system and to reduce service duplication.

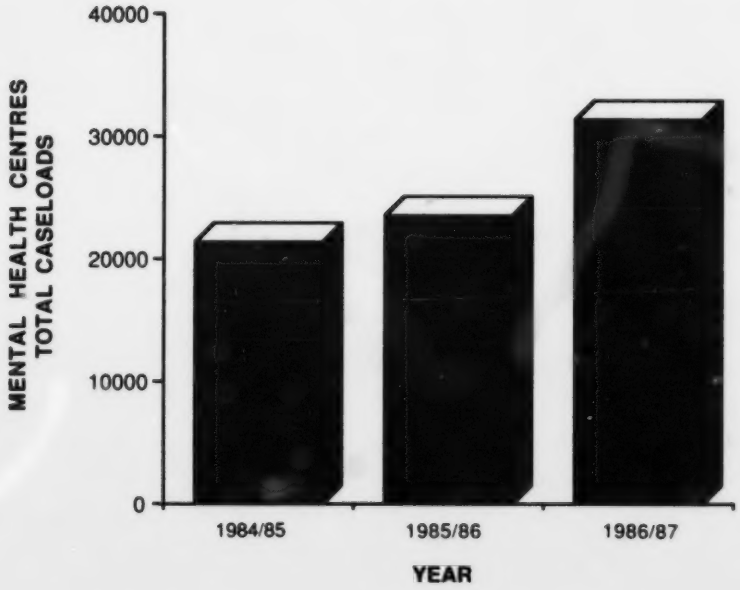
For the Mental Health Services Division, the major priority is the active treatment and care for people who are experiencing the most serious mental disorders. These tend to be schizophrenic, paranoid, and other psychotic disorders, but do not exclude affective and some organically-based disorders.

Services to children and youth were expanded this year by the appointment of program co-ordinators in each of the 36 mental health centres. A priority for local planning and co-ordination of services involving other ministries and community services has resulted in the provision of more specialized family services. The first community residential facility to provide treatment services for youth with severe mental disorders was established in Victoria.

Mental Health Services continues to consult with all interested parties regarding plans to develop community based mental health facilities to replace those at Riverview Hospital. Operation of Riverview Hospital was transferred to the British Columbia Mental Health Society under the Society Act in January 1988.

Mental Health Services, Utilization Statistics 1984-87

See Table 19 in Appendix for detailed breakdown



Vital Statistics

The Division of Vital Statistics is responsible for the administration of the Vital Statistics Act, Marriage Act, Name Act and Part II of Wills Act.

Services to the public include registration of births, deaths and marriages and issuance of certificates thereof; registration of clergymen, issuance of marriage licences, and solemnization of civil marriages. Public services also include legal changes of names, filing and search of wills notices, and amendments to vital events. Effective January, 1988, the division also maintains the Adoption Reunion Registry.

In addition to reports for the ministry and government agencies, Vital Statistics provides statistical information extracted from the various data bases to hospitals, health organizations and universities for planning and research purposes. As well, the Health Surveillance Registry monitors cases of congenital anomalies and disabilities in British Columbia.

Events for calendar year of 1987

In 1987 there were 41,595 live births, representing a rate of 14.2 per 1,000. Two per cent were multiple live births (871), of which 840 were twins. Average birth weight was 3,392 grams. The top five common male and female names chosen were:

Boys	Girls
Michael	Amanda
Matthew	Jessica
Christopher	Ashley
Andrew	Jennifer
Ryan	Sarah

Stillborns accounted for two-thirds of all perinatal deaths. Of the 347 infant deaths, almost half occurred within seven days of birth.

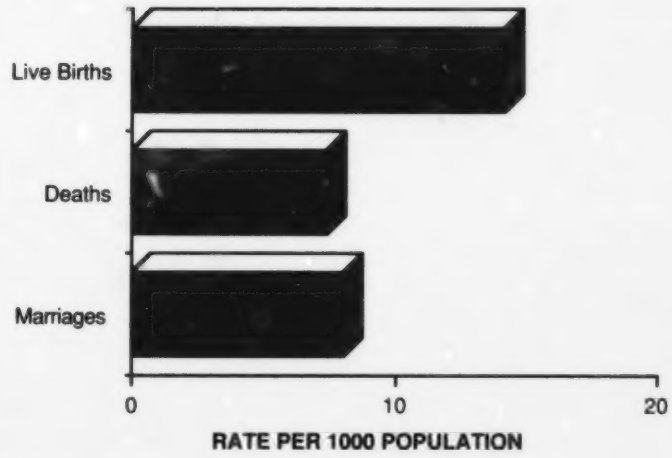
The number of marriages in 1987 was 23,377. In 58 per cent of these both the bride and groom had not previously been married. The average age for brides (29) was slightly younger than that for grooms (32).

Total number of deaths was 21,571, corresponding to a rate of 7.4 per 1,000. The top leading causes were heart disease and cancer, accounting for 56 per cent of total deaths. These were followed by cerebrovascular disease and accidents.

The number of cases of mental retardation as recorded by the Health Surveillance Registry at the end of 1987 was 13,110. Other disabilities showing high frequencies were epilepsy (8,268), blindness (6,345), and deafness (5,738). Down's syndrome accounted for 1,778 cases. Quadriplegic and paraplegic cases involved a greater number of males than females.

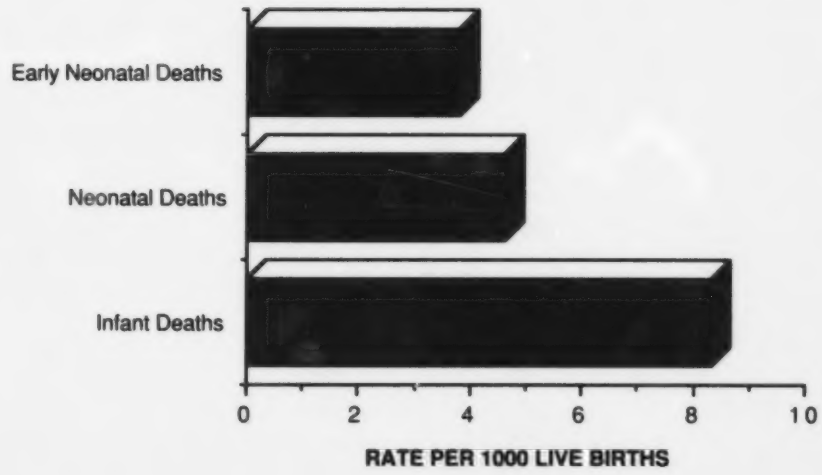
Summary of Births, Deaths, and Marriages
British Columbia, 1987

See Table 20 in Appendix for detailed breakdown



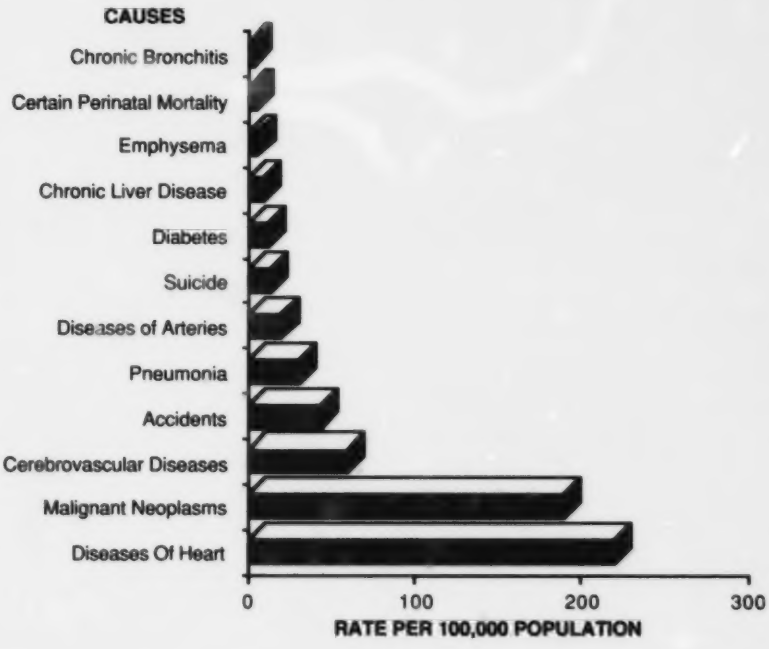
Summary of Infant Mortality
British Columbia, 1987

See Table 20 in Appendix for detailed breakdown



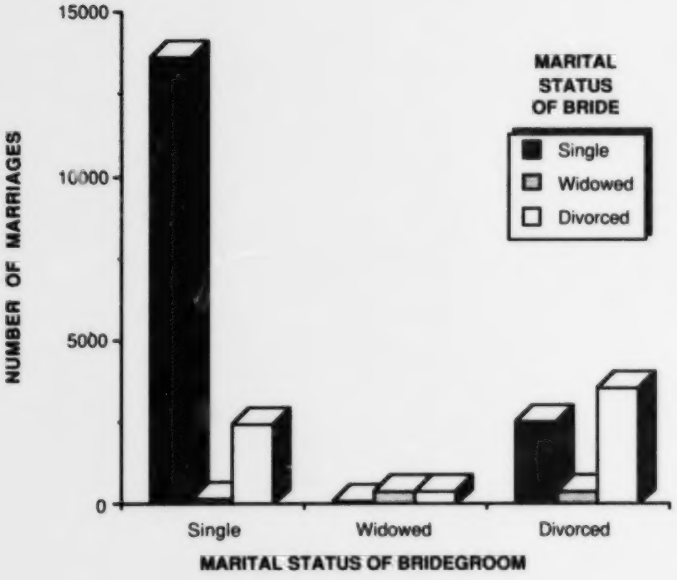
Twelve Leading Causes of Death
British Columbia, 1987

See Table 21 in Appendix for detailed breakdown



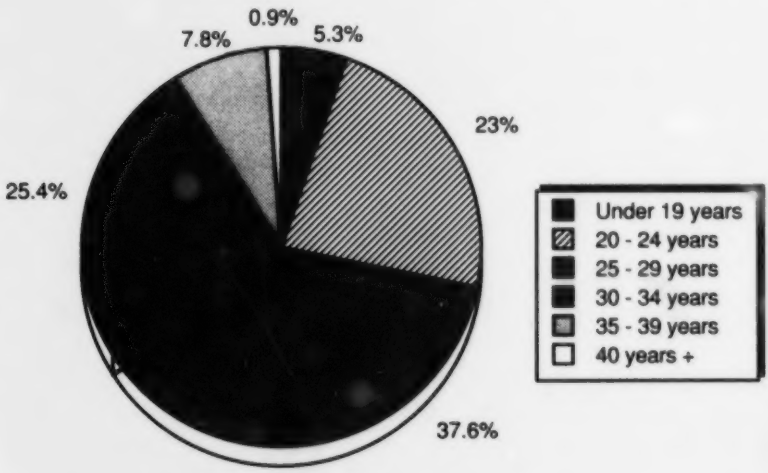
Marriages by Marital Status of Bridegroom and Bride
British Columiba, 1987

See Table 22 in Appendix for detailed breakdown



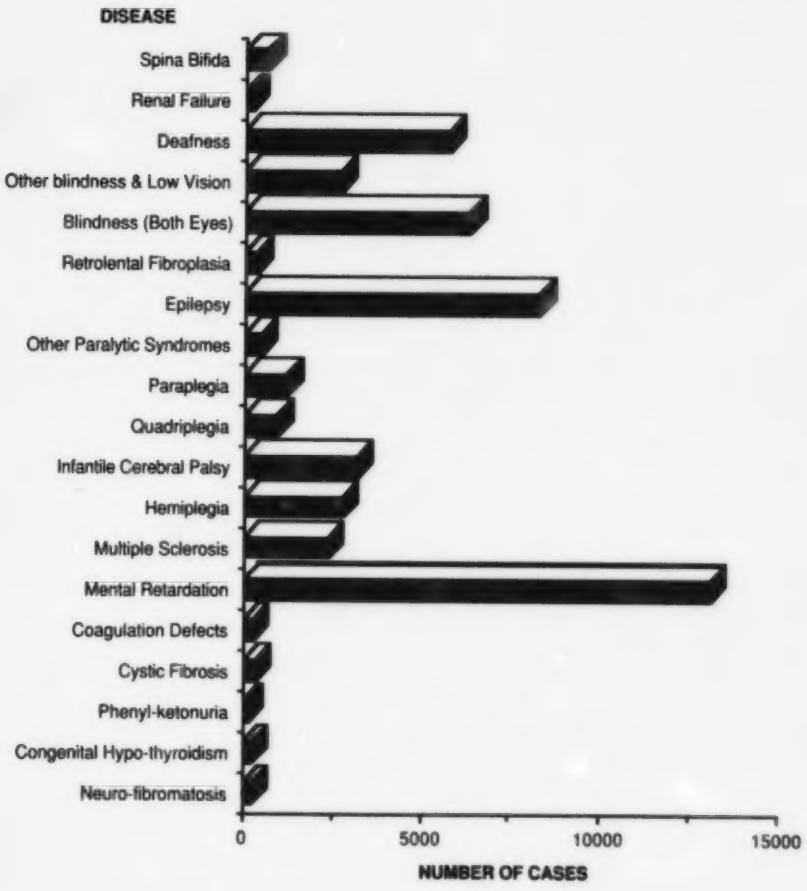
Live Births by Age of Mother (by Percent)
British Columiba, 1987

See Table 23 in Appendix for detailed breakdown



Frequency of Selected Disabilities in Persons Living in British Columbia Recorded by the Health Surveillance Registry, Division of Vital Statistics, to year end 1987

See Table 24 in Appendix for detailed breakdown



Services to the Handicapped

The Services to the Handicapped Division was established in May of 1986 to develop and fund community based programs and services for multiply-handicapped adults and children who require extended care levels of service delivery.

The principal focus is directed toward multiply-handicapped individuals who have previously lived in various institutional settings throughout the province. The overall objective of the division is to provide appropriate assistance so that these clients will be integrated within community settings and experience the least restrictive environment possible. Residential and day support programs are the primary methods of ensuring them a better quality of life experience.

In consultation and co-operation with the Ministry of Social Services and Housing, the division works to co-ordinate and develop community based options for residents (for whom the Ministry of Health is responsible) in Glendale Lodge and Woodlands, British Columbia's two remaining institutions for individuals with mental handicaps. During 1987/88, the division placed 73 adults in community based residences.

In 1986/87, the division assumed responsibility for funding Glendale Lodge from the Ministry of Social Services and Housing. Glendale Lodge, operated by a society, provided residential care for more than 335 mentally handicapped adults. Glendale Lodge also provided support, including assessment, respite, day care, audiological services and travelling clinics, to individuals and service providers on Vancouver Island.

In addition to the integration of adults into the community, the Associate Family Program was created to allow children with complex health care needs, and who reside in hospital facilities such as Queen Alexandra and Sunnyhill, to enjoy a more normal life in the community with care-giving associate families. Where possible, the natural families are encouraged to remain actively involved with the planning and care of their children and not to relinquish guardianship responsibilities. During 1987/88, the division made arrangements to place 20 children in associate family homes.

Resource Line is another successful program developed by the division. This toll-free telephone line (1-800-742-1820) provides assistance and direction to British Columbia residents regarding services that are available for handicapped people. Resource Line is particularly helpful in assisting callers to locate additional programs and services once they have exhausted resources at the local level. A primary objective of this program is that it precludes the necessity, for those unfamiliar with government, of trying to locate the appropriate government agency to deal with their specific concerns.

In addition, Resource Line provides valuable feedback regarding provincial issues and concerns with respect to individuals with handicaps.

Another program area within the division is the Special Care Services Branch. This area encompasses three components: the Children's Early Intervention Program, General Grants, and Rural Health Services. The Children's Early Intervention Program provides funding to approximately 28 agencies which provide speech, occupational and physiotherapy and/or family support services to children up to six years of age with special needs and to their families. Over 2,000 children are currently receiving services under the program.

A travelling outreach team is also funded under the Children's Early Intervention Program to provide specific services such as behavioral management and seating clinics that are not otherwise available to northern communities. The General Grants Program provides funding to agencies which provide programs and services that complement the objectives of the major programs funded within the Ministry of Health. Finally, the Rural Health Program provides funding for health services in rural areas of British Columbia.

Institutional Services

Emergency Health Services Commission

The Emergency Health Services Commission was established in July, 1974 to provide emergency health and ambulance services to the province of British Columbia.

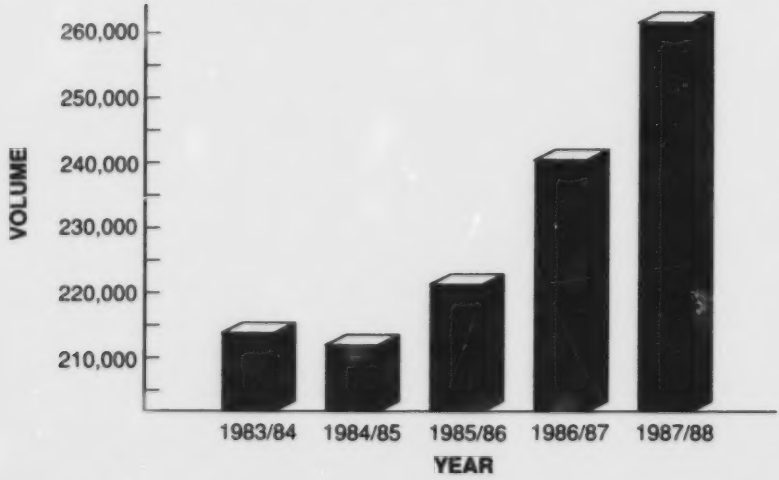
In 1987/88, the province was divided, for administrative purposes, into eight regions that coincided with the province's economic development regions. The ambulance service operates five management centres under the supervision of a regional manager in Vancouver, Victoria, Kamloops, Terrace and Prince George.

The Commission operates a vehicle modification depot, which converts commercial vans into ambulances. In 1987/88 the depot converted and deployed 72 van-style vehicles to replace part of the existing ambulance fleet. An additional 75 van-style chassis were acquired for conversion in 1988/89. In October 1987, this function was designated as a private sector initiative. Negotiations with bidding companies continued into 1988.

In 1987/88, the Emergency Health Services Commission operated a fleet of 348 amulances and 15 support vehicles from 185 ambulance facilities in 162 communities. In 1987, a successful amalgamation of the previous five regional dispatch centres was completed. The amalgamated centres are now located in Vancouver, Victoria and Kamloops. In a few isolated areas, the remainder of the calls are received and dispatched locally. The provincial dispatch centre, located in Victoria, co-ordinates long distance movements of patients by road and air.

During the 1987/88 year, the service responded to 260,348 ambulance calls, which represent an increase of 8.46 per cent over the 1986/87 call volume.

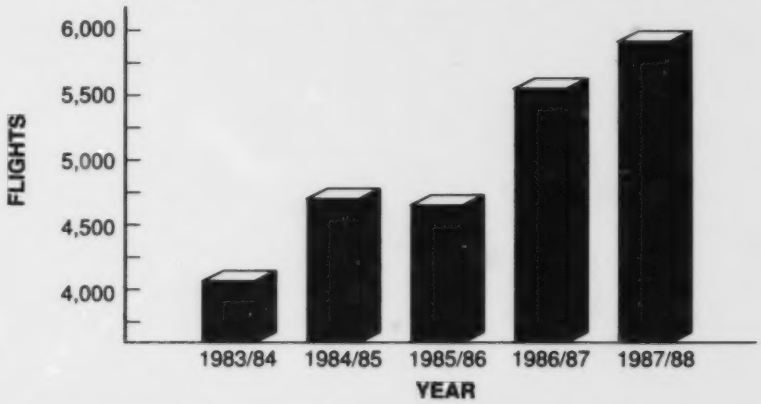
Total Ambulance Services, 1983/84 to 1987/88



The air evacuation program experienced an overall utilization increase of 3.52 per cent. Of particular note, helicopter use was up 13.5 per cent over the 1986/87 experience.

Air ambulance services are provided by the British Columbia Air Services Branch and supplemented by suitable charter aircraft companies when required. A permanent Airvac crew, consisting of advanced life support and infant transport team members is stationed in Vancouver where the majority of calls originate or terminate. These crews are Emergency Medical Assistant IIIs, who work staggered shifts to accommodate peak periods.

Total Air Ambulance Flights/Services, 1983/84 to 1987/88



Ambulance user fees are established by order-in-council and until they were raised in April 1988, had not been increased since 1984.

Where possible, operations are confined to the province. However, in certain instances, because of geographical locations (such as those adjacent to the Alberta border), patients will be taken to Calgary or Edmonton hospitals at no extra charge. For non-residents, industrial accident victims, Workers' Compensation Board and other agency cases, charge for service is based on time and distance travelled.

Under contract, the Emergency Health Services Academy of the Justice Institute of British Columbia provides training to Commission employees. During the 1987/88 fiscal year, $812,461 was paid to the academy, which provided approximately 15,000 student training days of instruction.

As the result of a ruling handed down by the industrial enquiry commissioner, Mr. Vince Ready, the examination function for licensing of EMAs was removed from the Justice Institute and placed under the jurisdiction of the Standards Branch of the Emergency Health Services Commission headquarters. This required the addition of five standards officers, who are responsible for licensing all EMAs at certification and also at

recertification intervals. The Commission is proposing the establishment of an EMA licensing body to provide greater separation between the employment and licensing functions of the Commission.

Three levels of training are provided to Commission employees: Emergency Medical Assistant I, 80 hours of training; Emergency Medical Assistant II, 240 hours of training; and, Emergency Medical Assistant III, up to 18 months of special training.

In 1987/88 the commission employed 635 full-time ambulance driver/attendants, 51 full-time dispatchers and 64 full-time administrative and management personnel, plus an additional 2,000 or more part-time ambulance driver/attendants who work on a call out basis.

Emergency Health Services Commission members work actively in local communities to encourage citizen participation in prehospital care. Examples of this activity include training of the public in cardio-pulmonary resuscitation (CPR), visits to schools, distribution of children's emergency colouring books, and an active public relations program with mall displays and information pamphlets.

During the year, the automatic defibrillator program got underway through the placement of 23 Lifepak 200 machines in 21 communities. A total of 171 EMA II personnel were trained in this procedure.

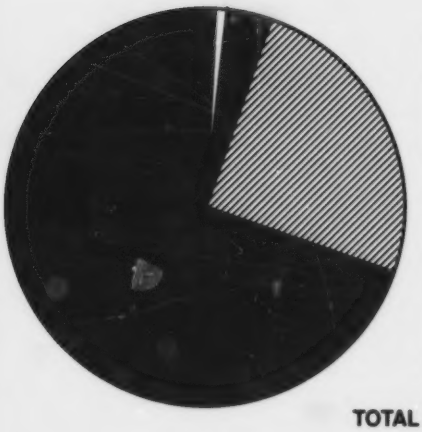
The Commission expanded its review of low call-volume stations, resulting in the redeployment of some existing personnel to other areas. During the year, several ambulance accommodations were upgraded or relocated to more suitable locations.

Considerable progress was made in the analysis and development of a program to improve and expand operational communications systems throughout the province. The continued expansion in 1987/88 of these programs has significantly enhanced the ability to respond to service demands from the public.

Continuing Care Division

The Continuing Care Division consists of the Long Term Care and Direct Care (Home Nursing Care and Community Physiotherapy) Programs. These programs integrate health care services for the acutely ill, handicapped and infirm people of all ages, especially the elderly, into a single comprehensive range of services. The philosophy of the Continuing Care Division emphasizes the role of the family and the community by involving the family, wherever possible, and by providing services to the extent that the individual and his family are unable to cope within their own resources.

Continuing Care Division
1987/88 Budget



GROUP HOMES FOR THE HANDICAPPED	$2,811,643
PROGRAM MANAGEMENT	$3,055,181
LTC ASSESSMENTS	$11,488,796
HOME SUPPORT SERVICES	$81,088,020
RESIDENTIAL CARE	$224,238,358

TOTAL SUB–VOTE $322,681,998

The Long Term Care Program is designed to assist adults with long term, health-related problems to maintain an optimal level of independent functioning. Services may be provided in the home (homemaker services), the community (adult day care centres and group homes), or in a residential setting. The Continuing Care Division refers clients to appropriate agencies or programs and purchases services on behalf of individuals eligible for long term care program benefits.

Within the Direct Care services, the Home Nursing Care Program provides nursing care to patients who are discharged early from hospital, who require home nursing care services as an alternative to admission to an acute care hospital, who are terminally ill, or who require in-home nursing services for chronic illnesses and disabilities. The Community Physiotherapy Program provides direct treatment, consultative and preventive services to clients in their homes, arranges provision of required equipment to cope with physical disabilities, and trains family members in assisting clients. Direct Care services are provided to people of all ages.

The nature of the Continuing Care Division has required the establishment of a regionalized system of management and a community-based service delivery system. The functions retained at the Victoria Ministry of Health office are overall policy direction and control.

Within this regional system, local programs are delivered at the community level through 16 provincial health units, four municipal health departments and one regional district. Field administrators based in each of the 21 local

offices are responsible for the co-ordination and administration of programs in the community. This responsibility includes the identification of service needs, the development of societies or volunteer groups, the provision and co-ordination of services and resources within the community, and liaison with some 400 residential and 200 home support agencies across British Columbia.

The Long Term Care Program was able to achieve a significant increase of approximately seven per cent in the number of clients receiving homemaker services from the 1986/87 to the 1987/88 fiscal year.

Through expanded outreach of the Home Nursing Care Program from established centres, a reported increase in clients of approximately seven per cent was achieved. Home Nursing Care Program services were also extended to the community of Kitimat.

Access to residential care was improved through the addition of 19 family care homes.

In August 1987, the provincial cabinet provided funding to address wage disparity issues within the non-union long term care industry. The sum of $6.06 million was allocated to increase wages if employees were near or at minimum wages and to provide a three per cent general wage increase for all non-union employees, regardless of their earnings.

The Continuing Care Division, through the Vancouver Health Department, continued to be involved in providing case management and direct care to an average of 21 clients per month with Acquired Immune Deficiency Syndrome (AIDS) as well as participating in a variety of associated planning activities such as the development of an AIDS educational package for health care workers in Vancouver.

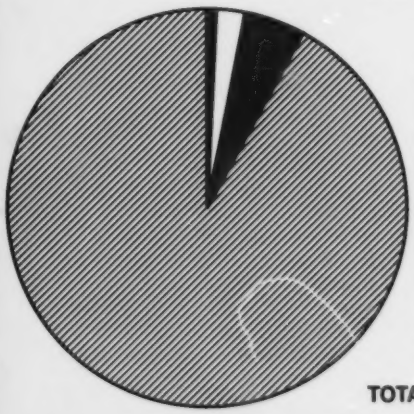
In the Capital Regional District, staff were involved in the development and pilot testing of quick response teams. These teams were located in the emergency departments of Victoria's acute care hospitals and their purpose was to assist persons who would otherwise have been admitted into hospital to return home and be cared for with home support services. An independent evaluation of the quick response teams indicated that the teams were successful in meeting their objectives and that some 30 persons per month could be re-routed back to their homes rather than being admitted to hospital.

Three other major activities completed in the 1987/88 fiscal year were: a review of the mandate of the Continuing Care Division; a review of information system requirements; and, development of a global funding system for long term care facilities. These initiatives will provide the platform for the operation of the Continuing Care Division well into the future.

Hospital Programs Division

Hospital Programs Division is responsible for overseeing the operation of acute care, rehabilitation and extended care hospitals in British Columbia. The role of this division is essentially that of a funding agency, while the practical responsibility for facility operations remains with the institutions. Although ultimate responsibility rests with the Minister of Health, an arms length relationship is maintained with the facilities. Hospital Programs' mandate is to ensure that the provincial government receives value for the funds expended and that the hospitals' output justifies the funding allocated to them.

Hospital Programs
1987/88 Budget



PROGRAM MANAGEMENT	$6,758,774
HOSPITAL EQUIPMENT	$37,872,000
HOSPITAL CONSTRUCTION & RENOVATION	$85,898,073
OPERATING CONTRIBUTIONS TO HOSPITALS	$1,589,033,144

TOTAL SUB–VOTE $1,719,561,991

In addition, the division monitors the quality of care; develops long range capital plans; monitors, reviews and adjusts facility funding allocations; and provides an investigative service with regard to specific concerns about the delivery system itself. Hospital Programs works closely with hospital facilities to encourage the introduction of innovative management and staffing techniques, particularly those associated with multi-unit management and cost-shared services and equipment.

Provincial funding for the operation of acute care and extended care hospitals is provided pursuant to the Hospital Insurance Act. The total allocation of operating grants covers 83.6 per cent of expenditures. The balance of hospitals' gross expenditures is covered by other income sources, including co-insurance charges to extended care patients, and income from other agencies such as the Workers' Compensation Board and Medical Services Plan. No operating funds are requisitioned from local municipalities, although hospitals do receive donations, which may be used at their discretion.

Since 1982, ministry funding has been allocated on a global basis whereby hospitals do not receive adjustments for either deficits or surpluses. Quarterly reviews of each facility's performance are conducted, however, and adjustments to funding are made on a prospective basis to recognize workload changes and the hospital's efficiency, length of stay by patients, and other factors affecting the cost per weighted patient day in comparison to peer group hospitals.

Funding for hospital equipment is designated under the Hospital Insurance Act (and Regulations) and administered and priorized through the Equipment Grants Secretariat of Hospital Programs. Hospitals are allocated blocked amounts twice annually to cover acquisitions of items costing $10,000 or less (items costing $500 or less are funded by hospitals from their operating funds). Equipment grants are paid as follows: 75 per cent of total cost for imaging and laboratory diagnostic equipment; 33.3 per cent of total cost for other equipment; and 100 per cent of total cost for designated provincial referral services.

Capital funding is grouped into four basic categories:

- major projects normally refers to projects with a value of $1 million or more. Funding is shared 60 per cent by the province and 40 per cent by the regional hospital districts;
- Treasury Board minor projects that cost between $100,000 and $1 million or more. Funding is shared 60 per cent by the province and 40 per cent by the regional hospital district;
- minor capital projects that cost between $1,000 and $100,000. Funds are provided 60 per cent by the province and 40 per cent by the hospital or the regional hospital district;
- energy conservation projects that meet a five-year pay back criterion (from $500 to $75,000) are funded 100 per cent through a Hospital Programs grant.

Planning and construction projects totalling $12,508,000 in 1986/87 and $38,759,000 in 1987/88 were completed.

Hospital Programs was reorganized in 1987 and now consists of three branches: Medical Consultation, Equipment Grants Secretariat, and five regional teams. Institutional, Administrative and Support Services and Facilities, and Planning and Construction are now separate branches of Institutional Services and are headed by their own executive directors, while they continue to work closely with Hospital Programs.

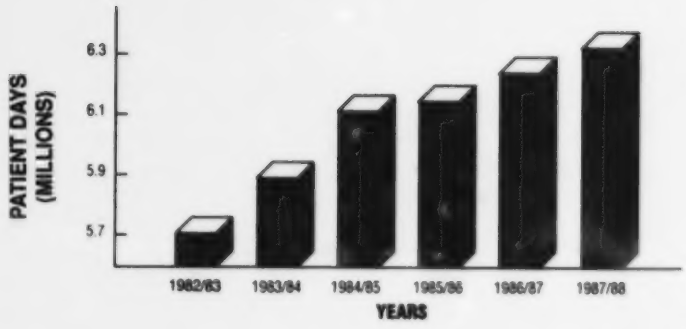
The regional teams are responsible for providing the necessary ministry contact with hospital boards and administration, ensuring adherence to quality of care and safety standards, and performing quarterly monitoring of

hospital operations and financial allocations. This includes the investigation of anomalies and recommendations for their resolution, as well as recommendations for operating costs, capital costs, capital construction, and equipment purchases. Interactive relationships with the following groups are thus ensured:

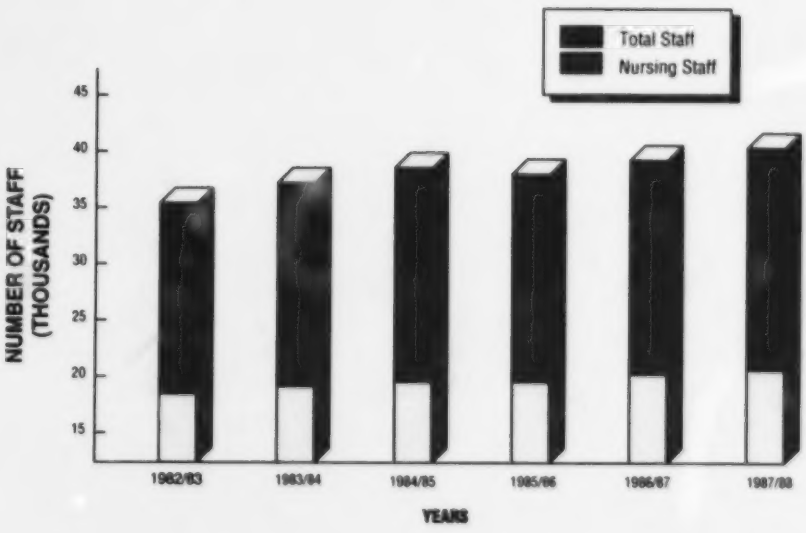
- Hospital boards – Hospitals are owned and operated by self-governing, autonomous societies or corporations. Their boards of management are responsible for the policies for day-to-day operations and for planning with the ministry to establish the role of their facilities.
- Administrators – The majority of hospitals operate with an administrator responsible for the day-to-day operations of one or more facilities. These facilities may offer different levels of service.
- B.C. Health Association – The ministry works closely and co-operatively with the BCMA through continuing advisory subcommittees (CASC), temporary advisory subcommittees (TASC), and special committees. These committees have a mandate to assess the types and appropriateness of specific services, as well as to make recommendations on provincial objectives and policies.
- University of B.C. Medical Faculty – A close, informal working relationship is maintained on a number of general issues. Formal co-ordination includes joint provincial committees on interns and residents and on medical manpower.
- Medical Appeal Board – The ministry maintains an active support relationship with this board, which consists of representatives from the College of Physicians and Surgeons, BCMA, BCHA, College of Dental Surgeons, and five appointees of the Minister of Health.
- Other – Hospital Programs also maintains an active relationship with the following groups, which receive funding separately from that allocated to hospitals: Canadian Red Cross, Health Labour Relations Association, the Arthritis Society, B.C. Drug and Poison Information Centre, the B.C. Health Care Systems Society, and the B.C. Transplant Society.

In addition to these relatively formal interface mechanisms, Hospital Programs assumed an active informal role in encouraging co-operation between the ministry and the field. These initiatives included major seminar presentations to BCHA, B.C. Institute of Chartered Accountants, and the Union of B.C. Municipalities (Regional Hospital Districts); site visits by the regional teams; and travelling presentations to explain financial policies and procedures.

Patient Day Comparison
1982/83 to 1987/88



Total Hospital & Nursing Staff
1982/83 to 1987/88



1987/88 Highlights

The B.C. Transplant Society was established in 1985 and operates a successful program promoting organ donation and making the public aware of life-saving transplants. The society will continue to expand the organ harvesting program and to initiate multi-organ transplantation.

British Columbia has one of the highest rates of kidney transplantation in Canada. In addition, a solid organ transplant program was begun in the fall of 1988.

The Victoria Cancer Clinic, which is operated by the Cancer Control Agency of British Columbia, was opened on September 30, 1987. The clinic is an outpatient facility that provides comprehensive diagnostic, treatment and follow-up services to Vancouver Island residents. A number of procedures, which previously necessitated patients' travelling to the Vancouver clinic, are now available in Victoria. The new clinic is a free-standing building adjacent to the Royal Jubilee Hospital.

The Hospital Funding Review Team was appointed by the Premier and the Minister of Health in November, 1987. The general mandate of the team was to consider the operational and financial aspects of British Columbia hospitals and to make recommendations to the Minister of Health on allocation amongst the hospitals of a fund of $20 million. The team recommended assistance only to efficient hospitals whose current base budget did not allow them properly to deal with increased work loads, increased acuity of existing work loads, or other special unforseen financial circumstances.

See Tables 26 to 40 in Appendix for additional Institutional Services information.

MINISTRY OF HEALTH EXPENDITURES

MINISTRY OF HEALTH
Expenditure by Principal Programs
For the Fiscal Years 1987/88 and 1986/87

	1987/88 $	1986/87 $
Statutory, FAA, Veteran's Hosp. Veteran's Hospital Agreement (Financial Administration Act)	11,710	0
Minister's Office	220,502	176,230
Management Operations	69,809,953	70,175,567
Preventive and Community Care Services		
Preventive Services	55,604,065	48,948,001
BC Centre for Disease Control	16,854,628	17,389,940
Vital Statistics	2,686,175	2,534,494
Forensic Psychiatric Services	19,064,174	17,419,346
Alcohol and Drug Programs	23,087,276	22,874,667
Mental Health Services	125,760,998	116,867,662
Services to the Handicapped	27,728,665	0[1]
	270,785,981	226,034,110
Institutional Services		
Hospital Programs	1,736,874,525	1,592,532,109
Continuing Care	330,361,583	309,776,376
Emergency Health Services Commission	58,594,765	55,446,601
	2,125,830,873	1,957,755,086
Medical Services Commission	1,026,154,046[2]	1,029,425,333[2]
Pharmacare	157,473,941	0[3]
Ministry of Health Totals	**3,650,287,006[4]**	**3,283,566,326[4]**

[1] Prior to April 1, 1987, services to the handicapped were provided jointly by the Ministry of Social Services and Housing, and the Mental Health Services Division of the Ministry of Health.

[2] The expenditure shown for the Medical Services Commission is the gross operating cost as detailed in the Commission's financial statements. The actual charges in 1987/88 were $564,000,501 to Vote 41 and $41,000,000 to the Health Improvement Fund. In 1986/87 the actual charges were $563,393,888 to Vote 39 and $42,614,000 to the Health Improvement Fund. These payments covered the subsidy by the province for low-income residents and the deficit not funded by premiums and other revenues.

[3] The Pharmacare program was transferred from the Ministry of Social Services and Housing on April 1, 1987.

* Included in this total are the following expenditures which were allocated to the Health Improvement Fund.

	1987/88 $	1986/87 $
Management Operations	2,500,000	
Preventive and Community Care	24,500,000	4,892,123
Institutional Services	172,000,000	72,454,800
Medical Services Commission	41,000,000	42,614,000
	240,000,000	**119,960,923**

The Health Improvement Fund was established in 1986/87 to provide $720,000,000 to maintain and improve health services over a three year period. This fund is used to finance adjustments to operating budgets, to meet health care utilization pressures, to improve hospital care and medical services, and to fund new initiatives in preventive and community health care.

MEDICAL SERVICES COMMISSION OF BRITISH COLUMBIA
Balance Sheet
As At March 31, 1988
(thousands of dollars)

Assets	1988	1987
	$	$
Cash	7,065	5,847
Accounts receivable	4,625	6,559
Due from the Province of British Columbia	162,383	148,548
	174,073	160,954
Liabilities		
Accounts payable	1,432	1,499
Premiums received in advance	70,038	57,873
Unpaid claims	102,603	101,582
	174,073	160,954

The accompanying notes are an integral part of these financial statements.

On behalf of the Commission: Dr. C.B. Henderson, *Chairman*

AUDITOR'S REPORT

To the Chairman of the
Medical Services Commission of British Columbia, and
To the Minister of Health
Province of British Columbia:

I have examined the balance sheet of the Medical Services Commission of British Columbia as at March 31, 1988 and the statement of operations for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Commission as at March 31, 1988 and the results of its operation for the year then ended in accordance with the accounting principles described in note 2 to the financial statements applied on a basis consistent with that of the preceding year.

GEORGE L. MORFITT, F.C.A.
Auditor General

Victoria, British Columbia
July 8, 1988

MEDICAL SERVICES COMMISSION OF BRITISH COLUMBIA

Statement of Operations
For the Year Ended March 31, 1988
(thousands of dollars)

Revenue	1988	1987
	$	$
Subscribers' premiums	421,154	380,803
Premium assistance — Province of British Columbia (note 3)	102,334	90,270
	523,488	471,073
Expenditure		
Service costs		
Medical care	942,162	897,498
Supplementary care	59,627	65,409
	1,001,789	962,907
Administration		
Data processing	7,599	7,612
General office	3,608	3,400
Salaries	13,158	12,892
	24,365	23,904
	1,026,154	986,811
Excess of expenditure over revenue	(502,666)	(515,738)
Contribution from the Province of British Columbia	502,666	515,738
	—	—

MEDICAL SERVICES COMMISSION OF BRITISH COLUMBIA
Notes to the Fincial Statements for the
Year Ended March 31, 1988

1. *The Commission*

The Medical services Commission was established, effective July 1, 1968, by the Government of the Province of British Columbia under the *Medical Services Act* and Regulations, to administer and operate the Medical Services Plan.

2. *Significant Accounting Policies*

These financial statements have been prepared in accordance with generally accepted principles, except as modified by note 'b' below. The signified accounting policies adopted in the preparation of these financial statements are as follows:

(a) Premium Revenues

Premium revenues are recognized when earned.

(b) Benefits and Administration Expenditure

All expenditures are recorded on an accrual basis except of expenditures relating to certain benefit plans available to members of the British Columbia Medical Association. The benefit plan expenditures are recorded on a cash basis because accruals cannot be determined with a reasonable degree of certainty and their estimation is impracticable.

The costs of furniture and equipment is charged to administration expense in the year of aquisition.

(c) Unpaid Claims

Unpaid claims includes a provision for unpresented and unprocessed claims for services provided, and is based on past claim experience and trends.

(d) Recovery due to Overutilization

Under the term of a memorandum of agreement between the Commission and the British Columbia Medical Association, the Commission is entitled to recover payments made for medical services in excess of an agreed amount, and considered to have arisen due to overutilization of the services. The recovery, if any, is recognized when an agreement is signed between parties regarding the overutilization of the services. The amount of the recovery is recorded as a reduction of expenditure.

3. *Premium Assistance — Province of British Columbia*

Premium assistance represents premium subsidies for qualified subscribers whose incomes are below specified amounts.

4. *Recovery due to Overutilization*

A recovery in the amount of $11,862,326 with respect to overutilization of medical services in the 1986/87 fiscal year was agreed by the parties in July 1987, and has been recognized in the current year. No agreement has been reached regarding overutilization of the services for the current year as at the date of the auditor's report.

5. *Relationship with the Province of British Columbia*

The Ministry of Health absorbs certain administration and accommodation costs associated with the operations of the Commission.

6. *Subsequent Events*

(a) During the year ended March 31, 1988, premiums under the Medical Services Plan were remitted directly to the Commission. Amendments to the Medical Service Act Regulations approved by Order in Council dated March 25, 1988, require that premiums under the Plan be remitted to the Minister of Finance and Corporate Relations. The change in the accounting for premiums has been effected commencing April 1, 1988.

(b) Subsequent to March 31, 1988, an action was commenced by physicians in the section of Emergency Medicine of the British Columbia Medical Association claiming damages, together with interest and costs, for payments allegedly withheld by the Commission. The amount of the damages is not stated in the Writ of Summons served on the Commission. It is the opinion of the Commission's management and its legal counsel that the physicians have no cause of action.

APPENDIX

TABLE 1
Medical Services Commission
Summary of Expenditures – 1977/78 to 1987/88[1]

Year	Medical Fee-For-Service $	Salaried and Sessional $	Supplementary Benefits $	Administration $	Total $
1987/88	892,747,547	49,414,596	59,627,228	24,364,675	1,026,154,046
1986/87	850,845,748	46,651,831	65,409,057	23,904,697	986,811,333
1985/86	787,991,552	42,944,957	57,451,700	27,961,373	916,349,582
1984/85	771,013,078	41,918,756	53,057,847	25,378,115	891,367,796
1983/84	753,796,898	41,462,052	48,927,947	20,556,814	864,742,923
1982/83	671,614,777	36,376,585	44,791,468	22,086,006	774,868,836
1981/82	562,663,997	35,113,464	34,868,280	23,661,014	656,306,755
1980/81	445,734,331	28,368,006	28,567,705	21,435,615	524,105,657
1979/80	384,735,825	23,200,389	23,534,808	19,883,088	451,354,110
1978/79	337,513,465	19,484,932	21,132,210	16,856,376	394,986,983
1977/78	298,900,495	17,749,957	17,436,161	13,207,188	347,293,801

[1]Based on accrual accounting and therefore matches the audited year-end financial statements. Medical Services Commission expenditures do not include expenses of the Dental Care Plan 1980/81 to 1983/84

TABLE 2

Fee-for-Service Payments: Medical Practitioners and Dental Surgery in Hospital
Distribution of Fee-for-Service Payments for Medical Services

Specialty	Amount Paid		% of Total Cost per Person*		Average Cost per Person*	
	1985/86	1987/88	1986/87	1987/88	1986/87[2]	1987/88
	$	$	%	%	$	$
General practice	338,643,204	364,566,351	40.08	41.22	116.75	124.07
Pathology	97,084,235	103,496,592	11.49	11.70	33.47	35.22
Radiology	64,455,362	69,005,847	7.63	7.80	22.22	23.48
Internal medicine	65,825,289	66,781,769	7.79	7.55	22.69	22.72
General surgery	37,869,050	37,440,342	4.48	4.23	13.06	12.74
Ophthalmology	36,104,369	36,224,987	4.27	4.09	12.45	12.33
Anaesthesia	31,592,375	32,876,013	3.74	3.72	10.89	11.19
Obstetrics & gynaecology	26,702,906	27,546,177	3.16	3.12	9.21	9.38
Psychiatry	25,649,176	26,858,679	3.04	3.04	8.84	9.14
Orthopaedic surgery	21,902,215	22,274,682	2.59	2.52	7.55	7.58
Paediatrics	15,827,331	16,304,002	1.87	1.84	5.46	5.55
Urology	14,219,973	14,748,431	1.68	1.67	4.90	5.02
Ear, nose and throat	12,827,444	12,975,617	1.52	1.47	4.42	4.42
Dermatology	9,834,754	10,029,144	1.17	1.13	3.39	3.41
Neurology	8,467,626	8,511,399	1.00	.96	2.92	2.90
Thoracic surgery	7,961,863	8,208,997	.94	.93	2.75	2.79
Out-of-province	7,011,203	7,310,082	.83	.83	2.42	2.49
Plastic surgery	6,661,789	6,694,356	.79	.76	2.30	2.28
Dental surgery in hospital	4,384,376	4,921,253	.52	.56	1.51	1.68
Neuro surgery	4,341,547	4,343,759	.51	.49	1.50	1.48
Nuclear medicine	2,688,708	3,211,194	.32	.36	.93	1.09
Physical medicine	2,112,297	2,148,603	.25	.24	.73	.73
Microbiology	1,582,214	855,851	.19	.10	.55	.29
Paediatric cardiology	432,482	479,741	.05	.05	.15	.16
Osteopathy	195,038	190,903	.02	.02	.07	.07
Neurology and psychiatry	91,172	88,205	.01	.01	.03	.03
Public health	51,632	52,112	.01	.01	.02	.02
Miscellaneous and recoveries	385,134	(3,730,324)	.05	(.42)	.13	(1.27)
Total Medical[3]	**844,904,764**	**884,414,764**	**100.00**	**100.00**	**291.31**	**300.99**

*Based on insured population at October 1, as derived from Statistics Canada (October 1, 1986 = 2,900,407; October 1, 1987 = 2,938,395).

[2] Modified according to new population estimates.

[3] This detail is based on cash accounting.

TABLE 3
Distribution of Medical Fee-for-Service Payments and Services by Type of Service

Type of Service	Number of Services		Amount Paid	
	1986/87	1987/88	1986/87	1987/88
	$	$	$	$
General Practice visits:				
Regional examination	10,578,579	10,727,115	191,177,878	212,887,635
Consultation	44,846	44,963	1,798,164	1,916,023
Complete examination	789,311	791,906	31,659,322	33,801,177
Counselling	419,553	428,914	14,293,019	14,572,449
Home visits	142,124	132,328	4,781,773	5,030,967
Emergency visits	484,565	546,566	15,385,586	17,187,836
Institutional visits	1,601,169	1,580,093	25,411,906	27,069,641
Miscellaneous visits	3,290	3,522	123,995	125,005
Visit premiums	464,160	481,620	14,681,620	15,011,715
Subtotals	14,527,597	14,737,027	299,313,263	327,602,448
Specialist visits:				
Consultation	1,291,584	1,323,907	96,292,789	98,757,290
Subsequent visits	775,029	787,606	15,743,894	16,125,630
Counselling; psychotherapy	308,383	315,857	21,127,801	22,685,480
Home visits	997	1,139	35,485	40,729
Emergency visits	41,798	39,995	2,615,580	2,536,743
Institutional visits	843,031	847,894	15,519,265	15,697,333
Miscellaneous visits	15,524	13,311	546,757	595,799
Visit premiums	0	0	0	0
Subtotals	3,276,346	3,329,709	151,881,571	156,439,004
Procedures and other services:				
Anaesthesia	2,760,526	2,860,867	33,621,120	34,900,335
Obstetrics	485,390	490,116	21,549,502	23,049,316
Surgery	593,474	610,296	84,760,850	87,138,285
Minor surgery	516,506	545,237	12,648,252	13,852,777
Unlisted miscellaneous surgery	4,140	3,504	838,637	884,813
Dialysis/transfusions	58,647	58,670	2,718,781	2,718,918
General services	610,841	638,304	6,687,290	7,330,605
Therapeutic radiation	10,059	9,526	283,698	269,280
Procedural premiums	35,219	37,520	2,809,729	3,055,458
Subtotals	5,074,802	5,254,040	165,917,859	173,199,787
Diagnostic procedures:				
Diagnostic radiology	1,484,838	1,525,313	48,810,458	50,965,278
Diagnostic ultrasound	205,013	238,210	15,530,773	18,164,695
Nuclear medicine	46,243	50,879	6,032,730	6,969,396
Pathology (Category 1)	4,105,563	3,912,448	17,681,570	16,335,491
Pathology (beyond Category 1)	7,025,132	7,464,273	94,424,313	102,977,408
Pulmonary function	78,196	95,150	1,194,685	1,438,191
Electrodiagnosis (ECT, EEG, EMG)	685,993	727,554	11,662,783	12,669,107
Procedural cardiology	43,822	45,664	3,416,977	3,567,527
Other (needle biopsies, 0X99, etc)	1,116,044	1,174,891	28,972,268	29,993,435
Subtotals	14,790,844	15,234,382	227,726,557	243,080,528
Miscellaneous (recoveries)	0	0	65,514	(15,907,003)
Total Medical[1]	**37,669,589**	**38,555,158**	**844,904,764**	**884,414,764**

[1] This detail is based on cash accounting.

TABLE 4

Distribution of Fee-for-Service Payments for Insured Service, Supplementary Benefits[1]

	Amount Paid		Percentage of Total		Cost per Person	
	1986/87	1987/88	1986/87	1987/88	1986/87[2]	1987/88
Specialty	**$**	**$**	**%**	**%**	**$**	**$**
Chiropractic	27,288,840	23,124,135	41.72	38.78	9.41	7.87
Physiotherapy and massage	18,463,110	14,835,469	28.22	24.88	6.36	5.05
Optometric	12,741,172	14,942,542	19.48	25.06	4.39	5.08
Podiatry	5,294,314	5,176,414	8.09	8.68	1.83	1.76
Naturopathic	1,350,970	1,310,904	2.07	2.20	.47	.45
Orthodontic	213,492	204,481	.33	.34	.07	.07
Unclassified	57,159	33,283	.09	.06	.02	.01
Total benefits[3]	**65,409,057**	**59,627,228**	**100.00**	**100.00**	**22.55**	**20.29**

[1] Based on insured population at October 1, as derived from Statistics Canada (October 1, 1986 = 2,900,407; October 1, 1987 = 2,938,395).

[2] Modified according to new population estimates.

[3] This detail is based on cash accounting.

TABLE 5

Registrations and Persons Covered by Premium Subsidy Level[1]

	At March 31, 1987		At March 31, 1988	
Subsidy (Percentage)	**Subscribers**	**Persons**	**Subscribers**	**Persons**
100% effective April 1/87	—	—	100,751	165,111
90% (95% effective July 1/87)	348,792	534,712	219,783	329,086
50% (55% effective July 1/87)	15,883	23,856	24,187	34,477
Nil	1,045,692	2,334,168	1,072,347	2,374,017
Total	**1,410,367**	**2,892,736**	**1,417,068**	**2,902,691**

[1] Coverage data does not include members of the Canadian armed forces, RCMP, and inmates of federal penitentiaries.

TABLE 6
Persons Covered by Premium Subsidy by Age Group[1]

Age Groups	At March 31, 1987 Persons	At March 31, 1988 Persons
0 - 14	604,646	602,770
15 - 24	413,951	398,442
25 - 44	919,677	932,606
45 - 64	571,568	577,224
65 +	349,092	358,230
Unknown	33,802	33,419
Total	**2,892,736**	**2,902,691**

[1] Coverage data does not include members of the Canadian armed forces, RCMP, and inmates of federal penitentiaries.

TABLE 7
Medical Services Utilization in British Columbia, 1987/88
by Age and by Sex of Patient

Age Group	Cost per Capita Males	Females	Total
0 – 9	208.74	183.50	196.46
10 – 19	143.40	185.30	163.84
20 – 29	145.01	383.46	264.17
30 – 39	179.28	372.50	276.74
40 – 49	212.69	331.90	271.57
50 – 59	309.51	370.41	339.46
60 – 69	463.36	438.26	450.08
70+	694.15	595.75	636.69
All Ages	**250.23**	**346.60**	**298.91**

Notes: Dental surgery in hospital and payments for out-of-province services not included.
Prepared by: Health Manpower Research Unit, University of British Columbia.

TABLE 8

Non-postgraduate "Directory-Active" Male Physicians in British Columbia by RCPSC[1] Specialty by Age[2]

Specialty	20-29	30-39	40-49	50-59	60-69	70+	Total
Anaesthesia	1	56	75	55	33	4	224
General practice	122	865	692	473	293	74	2,519
Dermatology	0	9	12	9	11	3	44
Surgery	0	46	91	88	73	35	333
Internal medicine	0	92	135	87	59	21	394
Neurology	0	16	17	12	2	4	51
Obstetrics and gynaecology	0	20	37	38	27	7	129
Ophthalmology	0	25	53	32	30	10	150
Orthopaedics/ physical medicine	0	36	53	37	19	11	156
Otolaryngology	1	12	22	16	14	6	71
Paediatrics	0	28	46	37	25	6	142
Psychiatry	1	41	73	91	48	11	265
Urology	0	14	19	15	11	4	63
Pathology/ medical microbiology	0	25	43	33	21	6	128
Radiology/ nuclear medicine	1	36	70	53	46	8	214
Osteopathy/ public health/other	0	1	7	9	9	3	29
Total	**126**	**1,322**	**1,445**	**1,085**	**721**	**213**	**4,912**

Date of record is March, 1987.
Royal College of Physicians and Surgeons of Canada.
This includes general surgery, plastic surgery, thoracic surgery and neurosurgery.
Prepared by: The Health Manpower Research Unit, University of British Columbia

TABLE 9

Non-postgraduate "Directory-Active" Female Physicia
by RCPSC[2] Specialty by Age[1]

Specialty	20-29	30-39	40-49	50-59
Anaesthesia	2	16	14	11
General practice	93	335	140	63
Dermatology	0	2	5	2
Surgery[3]	0	6	0	1
Internal medicine	0	18	13	6
Neurology	0	1	1	3
Obstetrics and gynaecology	0	8	4	4
Ophthalmology	0	7	2	0
Orthopaedics/ physical medicine	0	2	1	0
Otolaryngology	0	2	1	0
Paediatrics	0	13	13	10
Psychiatry	1	24	18	8
Urology	0	0	0	0
Pathology/ medical microbiology	1	13	14	5
Radiology/ nuclear medicine	0	15	12	6
Osteopathy/ public health/other	0	1	1	1
Total	**96**	**463**	**239**	**120**

Date of record is March, 1987.
Royal College of Physicians and Surgeons of Canada.
This includes general surgery, plastic surgery, thoracic surgery and neu
Prepared by: The Health Manpower Research Unit, University of Britis

sicians in British Columbia
ge[1]

0-59	60-69	70+	Total
11	3	0	45
63	34	3	668
2	0	0	9
1	0	0	7
6	1	1	39
3	0	1	6
4	2	0	18
0	2	0	11
0	0	0	3
0	0	0	3
10	7	0	43
8	5	0	66
0	0	0	0
5	2	0	34
6	0	0	33
1	0	0	3
20	66	5	989

d neurosurgery
British Columbia

TABLE 10

Non-postgraduate "Directory-Active" Physicians in British Columbia by RCPSC[1] Specialty by Place of Graduation[1,2]

Specialty	B.C.	Other Canada	U.K.	U.S.A.	Other	Total
Anaesthesia	**64**	**107**	**63**	**1**	**35**	270
General practice	908	1,368	504	52	355	3,187
Dermatology	**9**	**31**	**8**	**1**	**4**	53
Surgery[4]	44	190	53	7	46	340
Internal medicine	**63**	**223**	**64**	**19**	**64**	433
Neurology	12	22	9	2	12	57
Obstetrics and gynaecology	**20**	**56**	**39**	**2**	**30**	147
Ophthalmology	17	94	26	2	22	161
Orthopaedics/ physical medicine	**22**	**77**	**29**	**2**	**29**	159
Otolaryngology	10	35	12	0	17	74
Paediatrics	**13**	**60**	**44**	**9**	**59**	185
Psychiatry	33	144	59	10	85	331
Urology	**13**	**34**	**8**	**1**	**7**	63
Pathology/ medical microbiology	29	73	28	5	27	162
Radiology/ nuclear medicine	**29**	**131**	**43**	**1**	**43**	247
Osteopathy/ public health/other	4	11	13	1	3	32
Total	**1,290**	**2,656**	**1,002**	**115**	**838**	**5,901**

[1] Royal College of Physicians and Surgeons of Canada
[2] Date of record is March, 1987
[3] Initial medical degree
[4] This includes General Surgery, Plastic Surgery, Thoracic Surgery and Neurosurgery
Prepared by: The Health Manpower Research Unit, University of British Columbia

TABLE 11
Population per Non-Postgraduate Directory Active Physician in B.C. by Region 1987/88

Region[1]	Physicians[2]	Population[3]	Ratio
North	295	245,470	833:1
Central interior	275	200,481	730:1
Okanagan/Kootenays	552	337,136	611:1
Lower mainland (Fraser Valley)	399	321,457	806:1
Greater Vancouver (GVRD)	3,399	1,317,823	388:1
Vancouver Island and coast	409	271,837	665:1
Capital	728	274,565	378:1
British Columbia	6,057	2,968,769	491:1
Canada[4]	45,593	25,738,000	565:1

[1] Seven macro-regions were constructed by aggregation of the regional hospital districts.

[2] Date of record is March 1988.

[3] 1987 inter-censul estimate.

[4] Source of data: Health and Welfare Canada Population and practitioner counts as of December 31, 1986.

Prepared by: Health Manpower Research Unit, University of British Columbia.

TABLE 12
Medical Services Cost per Capita in British Columbia, 1987/88
by Type of Practice and Sex of Patient

Type of Practice	Males	Females	Total
Anaesthesia	10.83	12.97	11.91
General practice	99.08	145.84	122.70
Dermatology	3.00	3.82	3.42
Surgery[1]	18.17	18.24	18.20
Internal medicine	21.78	20.33	21.05
Neurology	2.82	3.27	3.05
Obstetrics and gynaecology	0.09	17.87	9.07
Ophthalmology	10.69	14.32	12.52
Orthopaedics/physical medicine	8.38	8.56	8.47
Otolaryngology	4.78	4.03	4.40
Paediatrics	5.26	4.14	4.69
Psychiatry	7.05	11.20	9.14
Urology	7.37	2.42	4.87
Pathology/medical microbiology	30.39	47.79	39.18
Radiology/nuclear medicine	20.51	31.70	26.16
Osteopathy/public health/other	0.04	0.09	0.06
Total	**$250.23**	**$346.60**	**$298.91**

[1] This includes general surgery, plastic surgery, thoracic surgery and neurosurgery.
Prepared by: Health Manpower Research Unit, University of British Columbia.

TABLE 13
Preventive Services – Field Operations
Program delivery statistics, 1985/86 and 1986/87

	1986/87	1987/88
Public Health Nursing		
Immunization at the end of Grade 1		
Diphtheria/pertussis/tetanus	95%	96%
Polio	96%	96%
Measles/mumps/rubella	97%	97%
Immunization of two-year-olds		
Diphtheria/pertussis/tetanus	68%	72%
Polio	81%	74%
Measles/mumps/rubella	85%	87%
Child Community Care Facilities licensing		
Number of facilities	2,242	2,357
Capacity	32,646	34,055
Family Health Services		
Parents of new infants visited	25,486	27,747
Public Health Inspection		
Inspections - food premises, care facilities, camps, schools and other public facilities	32,742	31,996
Samples collected - drinking water, beaches pools, etc.	30,867	31,058
Complaint investigations	6,542	6,257
Disease investigations	6,142	7,937
Consultations	104,942	107,670
Public meetings	5,469	6,047
Sewage permits issued	5,927	6,549
Sewage disposal installation inspections	15,071	17,148
Plans reviewed	18,946	20,505

TABLE 14
Preventive Services – Field Operations
Program delivery statistics, 1985/86 and 1986/87

	1986/87	1987/88
Nutrition		
General public Consultations	4,392	4,426
Media presentations	135	213
Professionals Consultations	3,034	3,195
Presentations	135	161
Continuing Care		
Consultations	1,274	1,675
Presentations	50	87
Assessments	109	172
Computerized Nutrition Assessments	685	1,137
Dental Health Inspection/referral/education		
Student services	135,398	116,486
Pre-school services	15,025	12,456
Specialized/general services for elderly	17,517	13,498
Teacher/parent-education and counselling	1,664	5,191
General community (adult) services	5,253	1,802
Speech and Hearing		
Persons served	123,157	124,380
Speech/language clients receiving remediation	1,217	1,125
Infants prevented from developing communication problems	140	102
Kindergarten and Grade 1 children prevented from developing communication disorders	1,138	1,751

TABLE 15

Reported Communicable Diseases, British Columbia, 1983-1987

Disease	1983		1984		1985		1986		1987	
	No.	Rate	No	Rate	No.	Rate	No.	Rate	No.	Rate
Amebiasis	180	6.4	203	7.1	385	13.3	403	13.9	356	12.2
Botulism	7	0.3	1	*	25	0.9	1	*	8	0.3
Brucellosis	2	0.1	1	*	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	1	*	2	0.1
Giardiasis	776	27.5	870	30.4	1,219	42.2	2,052	70.6	1,622	55.5
Hepatitis A	179	6.4	253	8.8	236	8.2	159	5.5	161	5.5
Hepatitis B	70	2.5	170	5.9	371	12.8	378	13.0	557	19.1
Leprosy	-	-	-	-	1	*	-	-	2	0.1
Measles	72	2.6	1,139	39.7	1,748	60.4	7,148	246.1	115	3.9
Menningitis-bacterial	101	3.6	115	4.0	105	3.6	17	0.6	5	0.2
Meningitis-viral	23	0.8	69	2.4	29	1.0	34	1.2	56	1.9
Pertussis	88	3.1	32	1.1	89	3.1	95	3.3	63	2.2
Poliomyelitis	-	-	-	-	-	-	-	-	1	*
Rabies	-	-	-	-	1	*	-	-	-	-
Rubella	180	6.4	119	4.2	890	30.8	374	12.9	95	3.2
Salmonellosis	940	33.3	919	32.0	653	22.6	979	33.7	1305	44.6
Shigellosis	151	5.4	134	4.7	133	4.6	120	4.1	137	4.7
Tetanus	-	-	1	*	2	0.1	3	0.1	1	*
Trichinosis	-	-	-	-	-	-	-	-	-	-
Typhoid & Paratyphoid	17	0.6	3	0.1	6	0.2	10	0.3	4	0.1

Rates are per 100,000 population

*Rates not calculated for single cases

TABLE 16
B.C. Centre for Disease Control
Program Delivery Statistics, 1986/87 and 1987/88

	1986/87	1987/88
Provincial Laboratory		
Laboratory tests	1,118,309[1]	1,108,395[1]
Workload units	10,602,112	9,823,787
STD Control		
Patient visits – V.D. clinic	15,079	12,693
Patient visits – AIDS clinic	2,107	4,178
TB Control		
Number with active TB notified in year	348	302
Active TB starting drug treatment in year	322	285
Number on preventive drug treatment	921	802
Patient visits	47,803	48,803
Kidney Dialysis		
Patients enrolled	739	773
Dialysis treatments Willow D. unit	5,050	4,556
Limited care dialysis patients	31	27
Government Medical Services		
Employee visits to physicians	3,746	4,101
Employee visits to nurses	10,323	9,961
Radiation Protection		
Radiation surveys and follow-ups	1,420	1,269
Consultations and visits	2,142	2,207
Lectures and talks	64	57

[1] Canadian standards for counting laboratory tests and workload units are undergoing revision.

TABLE 17
Alcohol and Drug Programs
Utilization Statistics, 1986/87 and 1987/88

Region	Detoxication Facilities		Residential Facilities		Outpatient Counselling		Supportive Homes		Total Regional Agencies	
	86/87	87/88	86/87	87/88	86/87	87/88	86/87	87/88	86/87	87/88
Greater Vancouver										
Admissions	11,887	9,187	94	94	3,167	3,042	2,415	408	17,563	12,731
Individuals	6,219	8,732	104	104	3,594	3,695	1,860	421	11,777	12,953
No. of agencies	4	8	1	9	10	58	7	10	22	85
Fraser Valley										
Admissions	1,122	1,118	651	685	1,186	1,547	339	478/	3,298	3,828
Individuals	1,038	1,060	693	725	1,334	1,714	385	538	3,450	4,037
No. of agencies	1	1	2	2	5	8	2	3	10	14
South Central										
Admissions	994	1,050	576	598	2,511	3,132	155	173	4,236	4,953
Individuals	769	809	622	612	2,882	3,538	155	175	4,428	5,134
No. of agencies	1	1	2	2	14	17	1	1	18	21
Northern B.C.										
Admissions	954	950	166	341	1,556	1,690	–	–	2,676	2,981
Individuals	633	684	181	332	1,770	2,013	–	–	2,584	3,029
No. of agencies	1	1	1	1	14	14	–	–	16	16
Vancouver Island and West Coast										
Admissions	960	941	476	513	3,028	3,282	118	133	4,582	4,869
Individuals	731	769	521	565	3,212	3,432	127	147	4,591	4,913
No. of agencies	1	1	3	3	9	9	1	1	14	14
Total All Regions										
Admissions	15,917	13,246	1,963	2,231	11,448	12,693	3,027	1,192	32,355	29,362
Individuals	9,390	12,054	2,121	2,339	12,792	14,392	2,527	1,281	26,830	30,066
% Admissions Service	42.8%	42.7%	6.9%	7.7%	41.0%	45.8%	9.4%	4.2%	100%	100%

TABLE 18
Forensic Psychiatric Services Utilization Statistics

ADOLESCENT SERVICES	1986/87	1987/88
Maples Adolescent Treatment Centre		
Residential		
Admissions	57	58
Discharges	64	62
Day Program		
Admissions	10	8
Discharges	17	8
Number receiving treatment during year	109	123
Active treatment at end of year	56	53
In patient	53	50
Out patient	3	3
Referrals	90	89
Bed Utilization		
Bed days available	24,120	24,609[1]
Bed days occupied	23,382	23,790
Percent utilization	80.6	86
Juvenile Services to the Courts		
In patient assessment unit		
Persons assessed	303	256
Burnaby Clinic		
Persons assessed	193[2]	346[2]
Persons treated	102	203
Victoria Clinic		
Persons assessed	209	204
Persons treated	361	405

ADULT SERVICES	1986/87	1987/88
Forensic Psychiatric Institute		
Admission	347	380
Discharges	341	402
Average population	114	128
Total remand days	6,053	6,976
Total Mental Health Act days	4,555	4,080
Total patient days	40,966	46,669
Percentage utilization	927	105
Vancouver Clinic		
Referrals	607	669
Assessments	306	323
Activations	737	856
Closures	570	600
Victoria Clinic		
Referrals	188	155
Assessments	27	161
Activations	177	76
Closures	144	191

[1] Closure of a nine Bed Unit December 1, 1987
[2] A more accurate method of tabulating implemented April 1, 1987
Figures adjusted for comparison purposes

TABLE 19
Mental Health Services
Utilization Statistics

	1984/85	1985/86	1986/87
Mental Health Centres (Including Burnaby Day Program)			
Admissions	14,209	14,919	23,390
Separations	11,323	11,889	18,923
Total Caseloads[3]	21,304	23,434	31,344
Riverview Hospital			
Admissions	987	893	824
Separations	1,156	907	890
Bed Days	318,519	294,998	289,514
Average occupancy per day	873	808	793
Valleyview Hospital			
Admissions	—	190	171
Separations	—	169	156
Bed days	—	134,812	131,710
Average occupancy per day	—	369	360
Burnaby Psychiatric Services			
In patient			
Bed Days	7,574	7,456	7,441
Total caseload	396	366	361
Greater Vancouver Mental Health Services			
Out patient (Community care teams)			
Intake	5,150	5,436	5,341
Admissions	2,591	2,615	2,750
Separations	2,379	2,833	2,478
Average caseload	3,500	3,375	3,416
In patient			
Admissions	452	477	481
Separations	451	476	472
Bed days	5,883	6,006	5,991
Community Residential Care			
Beds occupied per day (average)	1,495	1,690[2]	1,800

[1] Transferred to Mental Health Services in 1985
[2] Includes 163 transferred facilities
[3] Apparent increases due in part to more accurate automated data collection system

TABLE 20
Summary of Births, Deaths, Marriages and Infant Mortality
British Columbia, 1987[1]

	1987	
	Number	**Rate**
Live births[2]		
(rate per 1,000 population)	41,595	14.2
Deaths		
(rate per 1,000 population)	21,571	7.4
Stillbirths		
(rate per 1,000 total births)	292	7.0
Perinatal deaths[3]		
(rate per 1,000 total births)	449	10.7
Early neonatal deaths		
(rate per 1,000 live births)	157	3.8
Neonatal deaths[4]		
(rate per 1,000 live births)	192	4.6
Infant deaths[5]		
(rate per 1,000 live births)	347	8.3
Marriages		
(rate per 1,000 population)	23,377	8.0

1. Events for calendar year of 1987
2. Estimated British Columbia population for June 1, 1987 was 2,925,700
3. Stillbirths plus early neonatal deaths
4. Deaths of infants under seven days old
5. Deaths of infants under 28 days
6. Deaths of infants under one year of age

TABLE 21
Twelve Leading Causes of Death
British Columbia, 1987

Cause of Death	Rank	Number	Rate
Diseases of heart	1	6,433	219.9
Malignant neoplasms	2	5,555	189.9
Cerebrovascular diseases	3	1,738	59.4
Accidents (excludes: suicide and homicide)	4	1,249	42.7
Pneumonia	5	871	29.8
Diseases of arteries	6	586	20.0
Suicide	7	383	13.1
Diabetes	8	361	12.3
Chronic liver disease and cirrhosis	9	265	9.1
Emphysema	10	141	4.8
Certain causes of perinatal mortality	11	130	4.4
Chronic bronchitis	12	86	2.9

Rates per 100,000 population, based on estimated population for June 1, 1987
The numbers shown above do not include deaths to non residents.
Events for calendar year of 1987

TABLE 22
Marriages by Marital Status of Bridegroom and Bride
British Columbia, 1987

	Marital status of bride			
	Single	Widowed	Divorced	Total
Marital status of bridegroom				
Single	13,553	161	2,394	16,108
Widowed	111	348	349	808
Divorced	2,552	400	3,509	6,461
Total	16,216	909	6,252	23,377

Events for calendar year of 1987

TABLE 23
Single and Multiple Live Births by Age of Mother
British Columbia, 1987

Age of Mother	Single		Twin		Other Multiple Births		Total	
	#	%	#	%	#	%	#	%
Under 15 years	20	*	2	0.2	0	-	22	0.1
15 - 19 years	2,149	5.3	24	2.9	0	-	2,173	5.2
20 - 24 years	9,434	23.2	134	16.0	0	-	9,568	23.0
25 - 29 years	15,289	37.5	358	42.6	9	29.0	15,656	37.6
30 - 34 years	10,287	25.3	247	29.4	13	41.9	10,547	25.4
35 - 39 years	3,174	7.8	73	8.7	6	19.4	3,253	7.8
40 - 44 years	362	0.9	2	0.2	3	9.7	367	0.9
45 and over	9	*	0	-	0	-	9	*
Total	**40,724**	**100**	**840**	**100**	**31**	**100**	**41,595**	**100**

* Rate less than 0.05 per cent

Note: This table may include twin births where one was born live (counted) and one stillborn (not counted) or other multiple births where one or two were born live (counted) and one or two stillborn (not counted)

The numbers shown above do not include 293 live births to non residents.

TABLE 24

Frequency of Selected Disabilities in Persons Living in British Columbia Recorded by the Health Surveillance Registry, Division of Vital Statistics, to Year End 1987

ICD Code & Label	Age Group 0-4	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45—49	50—54	55—59	60—69	70—79	80—89	90+	Total
237.7 Neuro-fibromatosis																	
Male	3	12	12	8	13	12	11	7	5	2	1	1	1	2	—	—	90
Female	7	10	14	11	11	18	15	18	8	5	2	2	4	1	—	—	126
Total	10	22	26	19	24	30	26	25	13	7	3	3	5	3	—	—	216
243 Congenital hypo-thyroidism																	
Male	15	16	10	5	11	5	5	3	3	2	—	1	—	—	—	—	76
Female	34	32	16	12	15	9	11	6	10	4	1	1	—	—	—	—	151
Total	49	48	26	17	26	14	16	9	13	6	1	2	—	—	—	—	227
270.1 Phenyl-ketonuria																	
Male	15	7	7	5	10	5	6	1	4	2	1	1	1	—	—	—	65
Female	10	10	6	6	—	6	3	3	2	1	—	1	1	—	—	—	49
Total	25	17	13	11	10	11	9	4	6	3	1	2	2	—	—	—	114
277.0 Cystic fibrosis																	
Male	15	19	35	27	18	14	13	5	5	—	—	—	—	—	—	—	151
Female	16	27	20	32	18	17	12	4	4	—	1	—	—	—	—	—	151
Total	31	46	55	59	36	31	25	9	9	—	1	—	—	—	—	—	302
286 Coagulation defects																	
Male	7	13	23	29	34	29	24	15	12	9	3	2	5	4	—	—	209
Female	2	5	3	6	6	7	6	5	12	2	2	—	—	1	—	—	57
Total	9	18	26	35	40	36	30	20	24	11	5	2	5	5	—	—	266
317-319 Mental retardation																	
Male	140	239	378	505	817	1,188	1,268	1,065	716	368	193	167	246	66	9	—	7,365
Female	129	212	260	404	602	904	918	815	564	331	163	158	223	49	11	2	5,745
Total	269	451	638	909	1,419	2,092	2,186	1,880	1,280	699	356	325	469	115	20	[illegible]	13,110
340 Multiple sclerosis																	
Male	—	—	—	—	7	27	53	88	97	93	82	103	145	45	7	1	748
Female	—	—	—	4	26	90	154	216	202	184	145	176	318	125	19	2	1,661
Total	—	—	—	4	33	117	207	304	299	277	227	279	463	170	26	3	2,409

Table 24 cont'd

TABLE 24 (continued)

Frequency of Selected Disabilities in Persons Living in British Columbia Recorded by the Health Surveillance Registry, Division of Vital Statistics, to Year End 1987

ICD Code & Label	Age Group 0-4	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45—49	50—54	55—59	60—69	70—79	80—89	90+	Total
342 Hemiplegia																	
Male	7	23	39	38	47	99	99	111	88	73	84	115	305	262	131	31	1,552
Female	5	18	18	37	47	64	51	76	69	44	64	73	232	216	129	41	1.184
Total	12	41	57	75	94	163	150	187	157	117	148	188	537	478	260	72	2,736
343 Infantile cerebral palsy																	
Male	79	152	201	183	211	246	218	171	112	48	29	24	29	7	—	—	1,710
Female	57	118	150	194	189	235	164	151	88	53	28	28	30	11	1	—	1.497
Total	136	270	351	377	400	481	382	322	200	101	57	52	59	18	1	—	3.207
344.0 Quadriplegia																	
Male	2	8	10	21	51	103	99	87	71	44	46	44	60	25	10	2	683
Female	—	4	12	9	21	21	33	33	24	14	12	16	28	12	8	—	247
Total	2	12	22	30	72	124	132	120	95	58	58	60	88	37	18	2	930
344.1 Paraplegia																	
Male	3	15	15	20	40	61	96	108	74	80	65	57	111	47	17	3	812
Female	3	7	13	15	32	37	45	43	26	28	22	25	56	31	8	—	391
Total	6	22	28	35	72	98	141	151	100	108	87	82	167	78	25	3	1.203
344.2-.5 /344.8-.9 Other paralytic syndromes																	
Male	—	6	7	1	10	28	33	42	20	26	26	19	55	14	8	1	296
Female	3	5	6	9	8	14	14	20	15	17	12	16	35	15	6	2	197
Total	3	11	13	10	18	42	47	62	35	43	38	35	90	29	14	3	493
345 Epilepsy																	
Male	282	362	421	428	469	562	486	368	220	155	116	113	178	45	12	1	4.218
Female	205	307	330	376	446	586	521	384	273	174	96	101	170	62	16	3	4 050
Total	487	669	751	804	915	1148	1007	752	493	329	212	214	348	107	28	4	8.268
362.2 Retrolental Fibroplasia																	
Male	48	29	17	8	6	5	22	30	5	—	—	—	—	—	—	—	170
Female	40	20	11	5	5	6	17	38	6	—	—	—	—	—	—	—	148
Total	88	49	28	13	11	11	39	68	11	—	—	—	—	—	—	—	318

369.0 Blindness (both eyes)																	
Male	43	82	67	98	90	88	124	135	95	83	80	90	250	438	575	418	2,756
Female	47	68	68	61	82	83	96	123	98	69	65	72	316	639	943	759	3,589
Total	90	150	135	159	172	171	220	258	193	152	145	162	566	1077	1518	1177	6,345
369.1–.9 Other blindness & low vision																	
Male	26	37	65	69	105	148	173	160	127	84	49	67	182	99	88	28	1,507
Female	14	35	38	51	69	104	87	111	84	64	18	29	139	138	181	53	1,215
Total	40	72	103	120	174	252	260	271	211	148	67	96	321	237	269	81	2,722
389 Deafness																	
Male	36	123	249	362	371	380	367	301	195	120	85	72	202	118	62	18	3,061
Female	23	108	194	272	321	306	348	267	188	113	62	66	218	106	54	31	2,677
Total	59	231	443	634	692	686	715	568	383	233	147	138	420	224	116	49	5,738
585–586 Renal Failure																	
Male	7	8	12	10	4	7	8	12	6	8	10	12	11	7	1	—	123
Female	2	5	7	8	4	8	1	5	7	5	4	8	14	5	1	—	84
Total	9	13	19	18	8	15	9	17	13	13	14	20	25	12	2	—	207
345 E741 Spina Bifida																	
Male	39	43	53	42	30	29	24	26	9	6	6	3	1	—	—	—	311
Female	50	46	56	34	40	26	35	20	17	2	1	1	4	—	—	—	332
Total	89	89	109	76	70	55	59	46	26	8	7	4	5	—	—	—	643

TABLE 25
Hospital Programs
Hospital Construction Projects Completed 1987/88

Hospital	Project	Cost
Nanaimo Regional General	150-bed extended care unit	11,959,000
Squamish General	New acute hospital	10,300,000
Queen Alexandra	Psychiatric unit	4,700,000
Peace Arch	150-bed extended care unit	11,800,000
	Total	**$38,759,000**

TABLE 26
Hospital Patient Separations During the Year by Type of Health Care

	1982/83	1983/84	1984/85	1985/86	1986/87	1987/88
(1) Cases Separated during the year						
Acute/rehab	411,640	420,280	423,509	418,266	429,643	434,790
Long term care	3,243	2,936	3,279	3,127	3,299	3,725
Extended care	3,779	4,305	5,075	5,399	5,390	6,366
Newborn	44,402	44,736	45,048	44,683	43,701	50,039
(2) Days on separation						
Acute/rehab	3,215,964	3,232,688	3,270,706	3,221,549	3,251,656	3,230,005
Long term care	244,925	184,747	206,084	204,241	231,136	245,055
Extended care	1,806,730	1,930,887	2,127,528	2,208,660	2,171,702	2,668,455
Newborn	223,623	213,823	211,532	216,782	211,266	207,019
(3) Average length of stay (in days)						
Acute/rehab	7.8	7.7	7.7	7.7	7.6	7.4
Long term care	75.5	62.9	62.8	65.3	70.1	65.8
Extended care	478.1	448.5	419.2	409.1	402.9	419.2
Newborn	5.0	4.8	4.7	4.9	4.8	4.1

TABLE 27
1987/88 – Hospital Programs Patient Separations From B.C. Hospitals, and Average Length of Stay (Grouped According to Total Approved Bed Capacity)

	Total	250 Beds And Over	100 to 249	50 to 99	25 to 49	Under 25
Cases Separated During the Year						
Acute/Rehab	434,790	292,218	89,199	31,780	15,479	6,114
LTC In Acute	3,725	2,994	362	222	133	14
Extended Care	6,366	4,661	1,153	429	100	23
Newborn	50,039	31,458	14,629	2,460	1,086	406
Days on Separation						
Acute/Rehab	3,230,005	2,295,311	635,137	195,199	76,927	27,431
LTC In Acute	245,055	182,200	36,052	14,090	11,143	1,570
Extended Care	2,668,455	1,836,910	544,662	238,188	40,238	8,527
Newborn	207,019	121,549	70,334	9,605	4,024	1,507
Average Length of Stay (In Days)						
Acute/Rehab	7.4	7.9	7.1	6.1	5.0	4.5
LTC In Acute	65.8	60.9	99.6	63.5	83.8	112.1
Extended Carte	419.2	394.1	472.4	555.1	402.4	370.7
Newborn	4.1	3.9	4.8	3.9	3.7	3.7

TABLE 28
1987/88 Percentage Distribution
of Patient Separations and Patient Days
(Grouped According to Total Approved Bed Capacity)

	250 Beds And Over	100 to 249	50 to 99	25 to 49	Under 25
Patient Separations					
Acute/Rehab	67.2	20.5	7.3	3.6	1.4
Acute/Rehab/ LTC In Acute	67.3	20.4	7.3	3.6	1.4
Extended Care	73.2	18.1	6.7	1.6	0.4
Newborn	62.9	29.2	4.9	2.2	0.8
Patient Days					
Acute/Rehab	71.1	19.7	6.0	2.4	0.8
Acute/Rehab/ LTC In Acute	71.4	19.3	6.0	2.5	0.8
Extended Care	68.9	20.4	8.9	1.5	0.3
Newborn	58.8	34.0	4.6	1.9	0.7

TABLE 29
Ministry of Health – Hospital Programs
Health Information Management System Outpatient Treatments (Visits) – Year End for 82/83, 83/84, 84/85, 85/86, 86/87 & 87/88

Ref.	Description	1982/83	1983.84	1984/85	1985/86	1986/87	1987/88
1.	Physiotherapy	645,418	687,939	707,359	672,459	673,392	658,719
2.	Occupational Therapy	75,907	88,044	92,640	97,671	84,764	100,965
3.	Other Therapy	27,588	35,953	47,501	43,894	44,013	44,873
4.	Surgical Day Care	108,507	118,472	130,890	141,531	148,742	158,297
5.	Emergency Short Stay	1,128,538	1,121,400	1,109,659	1,198,119	1,270,639	1,467,035
6.	Psychiatry: Day/ Night Care	66,475	65,328	66,543	53,030	64,564	62,555
7.	Diabetic Day Care	10,463	12,684	14,930	16,122	21,339	24,286
8.	Renal Day Care	24,440	27,883	31,080	32,446	36,676	40,361
9.	Psychiatry Visits	42,009	48,300	50,127	56,643	50,703	51,922
10.	Dietetic Counselling	48,795	67,457	92,058	64,483	73,541	75,464
11.	Clinics	181,047	208,505	235,216	243,834	287,627	303,248
12.	Other Out-Patients	161,866	193,586	233,023	215,338	204,231	195,559
13.	ECG/EEG/Nuclear Medicine	238,683	269,797	273,253	241,173	311,166	293,410
14.	Ultra S/Scan/ Diagnostic	982,713	1,029,067	1,068,321	1,106,1576	1,190,234	1,276,576
15.	Therapeutic Radiology	57,367	58,509	60,261	66,940	67,086	7,165*
16.	Respiratory Therapy	33,460	36,628	43,998	73,680	91,845	100,535
	Total Visits	**3,833,276**	**4,069,552**	**4,256,859**	**4,323,520**	**4,620,562**	**4,861,010**

*Change in reporting method

TABLE 30
Summary of Hospital Programs
Inpatient and Outpatient Contacts
1982/83 – 1987/88

	Total Admissions Acute/Rehabilitation And Extended Care	Estimated Number of Emergency Day Care And Outpatient Visits	Total Receiving Benefits
1982/83	417,228	3,833,276	4,250,504
1983/84	427,555	4,069,552	4,497,107
1984/85	432,482	4,256,859	4,689,341
1985/86	426,335	4,323,520	4,749,855
1986/87	439,732	4,620,562	5,060,294
1987/88	444,716	4,861,010	5,305,726

TABLE 31
Number of Agencies [1] and Clients [2] Receiving Residential Care
1987/88 Fiscal Year

Type of Residence	Number of Residences [1]	Number of Clients [2]
Personal and Intermediate Care Facilities	251	19,898
Acute Hospitals	8	123
Licensed Private Hospitals	32	2,894
Family Care Homes	106	241
TOTAL	**397**	**22,684 [3]**

[1] These are agencies receiving payment. Where an agency has changed ownership, it is counted once for each owner receiving payment during the year.

[2] Each client is counted once for each type of residence from which care was received. Numbers are not additive as some clients may have received service from more than one residence.

[3] Unique clients.

TABLE 32
Number of Agencies [1] and Clients [2] Receiving Community Services
1987/88 Fiscal Year

Type of Community Service	Number of Agencies [1]	Number of Clients [2]
Homemakers	131	46,594
Adult Day Care	46	4,304
Group Homes	17	231
Home Nursing Care	86	34,538
Community Physiotherapy and Occupational Therapy	51	7,546
TOTAL	**331**	**74,062 [3]**

[1] These are agencies receiving payment. In some cases an agency may operate more than one centre where service is provided. Home Nursing Care and Community Physiotherapy Programs are directly operated by the Ministry of Health. The "Number of Agencies" here refers to the number of offices and suboffices in British Columbia reporting provision of service during the year.

[2] Each client is counted once for each type of community service from which care was received. Numbers are not additive as some clients may have received more than one type of service.

[3] Unique clients.

TABLE 33
Care Levels Based on Paid Client Days for Residential Care
1987/88 Fiscal Year

Type of Residence		Level of Care PC	IC1	IC2	IC3	EC	TOTAL
Personal and Intermediate Care Facilities	#	731,482	1,827,259	1,497,729	1,036,345	276,502	5,369,317
	%	13.62	34.03	27.89	19.30	5.15	100
Acute Hospitals	#	35	4,842	5,234	3,729	2,106	15,946
	%	0.22	30.36	32.82	23.39	13.21	100
Licensed Private Hospitals	#	917	19,968	59,766	274,411	314,583	669,645
	%	0.14	2.98	8.93	40.98	46.98	100
Family Care Homes	#	2,240	7,145	10,937	15,123	5,415	40,860
	%	5.48	17.49	26.77	37.01	13.25	100
TOTALS	**#**	**734,674**	**1,859,214**	**1,573,666**	**1,329,608**	**598,606**	**6,095,768**
	%	**12.05**	**30.50**	**25.82**	**21.81**	**9.82**	**100**

Key: PC = Personal Care
IC1 = Intermediate Care 1
IC2 = Intermediate Care 2
IC3 = Intermediate Care 3
EC = Extended Care

TABLE 34
Care Levels Based on Paid Client Days or Hours for Community Services
1987/88 Fiscal Year

Type of Community Service		Level of Care					
		PC	IC1	IC2	IC3	EC	TOTAL
Homemakers [1]	#	1,449,264	1,388,478	901,612	437,145	843,323	5,019,822
	%	28.87	27.66	17.96	8.71	16.80	100.00
Adult Day Care [2]	#	30,650	44,368	27,189	9,118	6,331	117,656
	%	26.05	37.71	23.11	7.75	5.38	100.00
Group Homes [2]	#	10,803	16,264	9,673	3,204	27,038	66,982
	%	16.13	24.28	14.44	4.78	40.37	100.00

[1] Figures represent hours of service
[2] Figures represent days of service

KEY: PC = Personal Care
IC1 = Intermediate Care 1
IC2 = Intermediate Care 2
IC3 = Intermediate Care 3
EC = Extended Care

TABLE 35
Sex Breakdown of Clients [1] Receiving Residential Care
1987/88 Fiscal Year

Type of Residence		Female	Male	TOTAL
Personal & Intermediate Care Facilities	#	13,306	6,592	19,898
	%	66.87	33.13	100
Acute Hospitals	#	69	54	123
	%	56.10	43.90	100
Licensed Private Hospitals	#	2,052	842	2,894
	%	70.91	29.09	100
Family Care Homes	#	124	117	241
	%	51.45	48.55	100

[1] Each client is counted once for each type of residence from which care was received. Numbers are not additive as some clients may have received service from more than one residence.

TABLE 36
Sex Breakdown of Clients [1] Receiving Community Services
1987/88 Fiscal Year

Type of Community Service		Female	Male	TOTAL
Homemakers	#	32,784	13,810	46,594
	%	70.36	29.64	100
Adult Day Care	#	2,860	1,444	4,304
	%	66.45	33.55	100
Group Homes	#	88	143	231
	%	38.10	61.90	100
Home Nursing Care	#	19,894	14,644	34,538
	%	57.60	42.40	100
Community Physiotherapy and Occupational Therapy	#	4,818	2,728	7,546
	%	63.85	36.15	100

[1] Each client is counted once for each type of community service from which care was received. Numbers are not additive as some clients may have received more than one type of service.

TABLE 37
A Comparison of the Sex Breakdown of
Clients [1] Receiving Residential Care and Community Services
1987/88 Fiscal Year

Type of Service		Female	Male	TOTAL
Residential Care	#	15,242	7,442	22,684
	%	67.19	32.81	100
Community Services	#	47,540	26,522	74,062
	%	64.19	35.81	100
Continuing Care Services	#	64,709	34,799	99,508
	%	65.03	34.97	100

[1] Each client is counted once within Residential Care and Community Services. Continuing Care Services refers to unique clients.

TABLE 38
Age Breakdown [1] of Clients [2] Receiving Residential Care
1987/88 Fiscal Year

Type of Residence		Age Category 0-19	20-54	55-64	65-74	75-84	85+	TOTAL
Personal and Intermediate Care Facilities	#	1	370	858	2,869	7,619	8,181	19,898
	%	0.01	1.86	4.31	14.42	38.29	41.11	100
Acute Hospitals	#	0	3	5	19	57	39	123
	%	0.00	2.44	4.07	15.45	46.34	31.71	100
Licensed Private Hospitals	#	0	39	114	408	1,098	1,235	2,894
	%	0.00	1.35	3.94	14.10	37.94	42.67	100
Family Care Homes	#	2	40	18	38	76	67	241
	%	0.83	16.60	7.47	15.77	31.54	27.80	100

[1] Age as of April 1, 1987.
[2] Each client is counted once for each type of residential care from which care was received. Numbers are not additive as some clients may have received service from more than one residence.

TABLE 39
Age Breakdown [1] of Clients [2] Receiving Residential Care
1987/88 Fiscal Year

Type of Community Service		Age Category 0-19	20-54	55-64	65-74	75-84	85+	TOTAL
Homemakers	#	21	2,672	3,901	12,906	19,094	8,000	46,594
	%	0.05	5.73	8.37	27.70	40.98	17.17	100
Adult Day Care	#	0	219	314	971	1,906	894	4,304
	%	0.00	5.09	7.30	22.56	4.28	20.77	100
Group Homes	#	6	202	16	4	1	2	231
	%	2.60	87.45	6.93	1.73	0.43	0.87	100
Home Nursing Care	#	1,462	7,669	4,890	8,637	8,667	3,213	34,538
	%	4.23	22.20	14.16	25.01	25.09	9.30	100
Physiotherapy and Occupational Therapy	#	341	874	901	1,944	2,374	1,112	7,546
	%	4.52	11.58	11.94	25.76	31.46	14.74	100

[1] Age as of April 1, 1987.
[2] Each client is counted once for each type of community service from which care was received. Numbers are not additive as some clients may have received more than one type of service.

TABLE 40
A Comparison of the Age Breakdown [1] of Clients [2] Receiving Residential Care and Community Services
1987/88 Fiscal Year

Type of Service		Age Category 0-19	20-54	55-64	65-74	75-84	85+	TOTAL
Residential Care	#	2	445	977	3,262	8,648	9,350	22,684
	%	0.01	1.96	4.31	14.38	38.12	41.22	100
Community Services	#	1,777	10,253	8,305	19,454	24,497	9,776	74,062
	%	2.40	13.84	11.21	26.27	33.08	13.20	100
Continuing Care Services	#	1,779	10,598	9,097	21,879	30,996	17,468	91,817
	%	1.94	11.54	9.91	23.83	33.76	19.02	100

[1] Age as of April 1, 1987.
[2] Each client is counted once within Residential Care and Community Services. Continuing Care Services refers to unique clients.